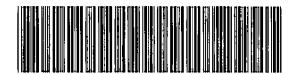
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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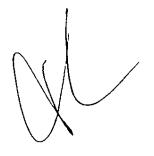
Office Use Only



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08/26/22--01008--003 \*#85.00

2022 AUG 26 AM II: 36



## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |                 |                 |                   |
|--|-----------------|-----------------|-------------------|
| SUBJECT: Emily Gurvitch PA   |                 |                 |                   |
| DOCUMENT NUMBER: \$17000075460   |                 |                 |                   |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi | ling.           |                 |                   |
| Please return all correspondence concerning this matter to the following:                |                 |                 |                   |
| Name of Contact Person   |                 |                 |                   |
| Firm/Company   |                 |                 |                   |
| 4712 Palo Verde Drive  |                 | 2               |                   |
| Bounton Beach, FL 33436  |                 | 2022 ÁUG 26     |                   |
| City/State and Zip Code  |                 | 9               | 2 }               |
| emilysoldmuhousegamail.com   | •               | 26              | ·- <del>-</del> - |
| E-mail address: (to be used for future annual report notification)                       |                 | <u>&gt;&gt;</u> | y 0 1             |
|  |                 | МН II: 3        |                   |
| For further information concerning this matter, please call:                             | 1.              | င္သ<br>တ        |                   |
| Emily Biancardi at 500 777-9 Name of Contact Person at 500 Area Code & Daytime Teleph    | 734<br>none Num |                 |                   |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Floridain order to change its registered office or registered agent, or both, in the State of Florida.   |
|---|
| 1. The name of the corporation: Emily Gurvitch PA   |
| 2. The principal office address: 4742 Palo Verde Drive  Bountin Beach FL 33436  |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 9/16/2017 Document number: P17000075460   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Emily Gurvitch PA  4762 Palo Verde Drive  |
| Boynton Beach, FZ 33436  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Emily Biancardi PA  4762 Palo Verde Drive  P.O. Box NOT acceptable  Boynton Beach, FZ 33436   |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.   |
| E Blancardi  Signature of an officer or director  Enriv Biancardi  Printed or typed name and title  |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete performance<br>of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>document is being filed merely to reflect a change in the registered office address, I hereby confirm that the<br>corporation has been notified in writing of this change. |
| 6 Blancard 8/22/22 Signature of Registered Agent Date   |
| If signing on behalf of an entity:  |
| Enry Biancardi Typed or Printed Name  |

\* \* \* FILING FEE: \$35.00 \* \* \*