

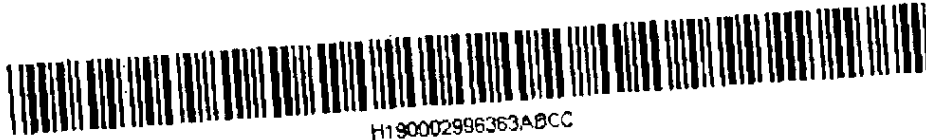
10/8/2019

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P110000299636 96

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : COMITER & SINGER, LLP
Account Number : 1200000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mfrid@comiter-singer.com

**REGISTERED AGENT CHANGE
VISRAM & ASSOCIATES, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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2019 OCT -8 PM 4:33

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Visram & Associates, P.A.

Name of Corporation

DOCUMENT NUMBER: P17000076296

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew R. Comiter, Esq.

Name of Contact Person

Comiter, Singer, Baseman & Braun, LLP

Firm/Company

3801 PGA Blvd., Suite 604

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

mfrid@comitersinger.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Comiter

Name of Contact Person

at 561 626-2101

Area Code & Daytime Telephone Number

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Visram & Associates, P.A.
2. The principal office address: 208 SE 9th Street
Ft. Lauderdale, FL 33316
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/21/2017 Document number: P17000076296

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)

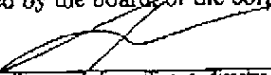
Joseph H. Littky
515 North Flagler Drive, Suite 1700
West Palm Beach, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Andrew R. Comiter, Esq.
3801 PGA Blvd., Suite 604
P.O. Box NOT acceptable
Palm Beach Gardens, FL 33410

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.


Signature of an officer or director

Sabrina Visram, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as registered
agent. Or, if this document is being filed merely to reflect a change in the registered office address, I
hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

10/8/2019
Date

If signing on behalf of an entity:

Sabrina Visram
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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