P1800001183

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fash, March)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

7-20-23

TO:	Amendment Section
	Division of Corporations

SUBJECT: Kate Miller Law, P.A.	
Name of Corporation	
DOCUMENT NUMBER: P 180000	11183
The enclosed Statement of Change of Registered G	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Kate Miller	
Name of Contact Person	
Kate Miller Law, P.A.	
Firm/Company	
21600 King Henry Ave.	
Address	
Leesburg, FL 34748	
City/State and Zip Code	
kate@katemillerlaw.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, ple	ease call:
Kate Miller	at (352)455-3838 Area Code & Daytime Telephone Number
Name of Contact Person	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

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida in the state of Florida in the State of Florida.
1. The name of	the corporation: Kate Miller Law, P.A.
2. The principal	office address: 21600 King Henry Ave, Leesburg, FL 34748
3. The mailing a	address (if different): same as above
4. Date of incor	poration/qualification: Feb. 1, 2018 Document number: P18000011183
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Kate Miller & 20
	2020 Sara Lee Lane
	Tallahassee, FL 2000 3 2312 CM PET 25
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office ??
	Kate Miller Charles
	21600 King Henry Ave.
	21600 King Henry Ave. P.O. Box NOT acceptable P.O. Box NOT acceptable P.O. Box NOT acceptable P.O. Box NOT acceptable
	Leesburg, FL 34748 Mai ling addryss.
The street address changed will	ess of its registered office and the street address of the business office of its registered agent. Thank be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
THIC	Kate Miller/President
/	e of an officer or director Printed or typed name and title
l furthér agrée of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address. I hereby confirm that the speed position in writing of this change.
VIII	July 20, 2023
Sig	nature of Registered Agent Date
If signing on be	half of an entity:
T	yped or Printed Name

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

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