PISCCCCC 36554

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: K. BRIAN ROLLER, P.A.

Name of Corporation
POCLIMENT NUMBER, P18000036584

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:

Roller Law Group
Firm/Company

801 NE 167th Street

Address

North Miami Beach, FL 33162

City/State and Zip Code

croller@rollerlawgroup.com

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

For further information concerning this matter, please call:

Cara Roller at (954)828-0333

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of che	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of Flo	orida
1. The name of	the corporation: K. Brian Roller PA	4	
2. The principal	office address: 801 NE 167th Str	eet	
	ami Beach, FL 33162		
3. The mailing a	address (if different):		
4. Date of incor	te of incorporation/qualification: 4/18/18		036584
	d street address of the current registered (rtment of State: (If resigned, enter resign	•	the
	802 NE 167th StreetSecond FloorNorth	n Miami Beach, FL 33162	
	Roller, BRian K.		
		15-16	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered offic	2019 (1011 – 1
	K. Brian Roller		1
	801 NE 167th Street Second Floor		7.20 7.20 7.20 7.20 7.20 7.20
	P.O. Box NOT acceptable North Miami Beach, FI 33162		ထ သ
The atmost address			9
	ess of its registered office and the street be identical.		
Such change wa authorized by the	as authorized by resolution dury adopted ne board, or the corporation has been no	I by its board of directors or by an off tified in writing of the change.	icer so
		Brian Roller, manager	
•	re of an officer or director	Printed or typed name and title	-1
I further agree performance of agent. Or, if th	the appointment as registered agent anto comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect the corporation has been notified in	utes relative to the proper and compleceept the obligation of my position a ect a change in the registered office t	s revistered
16/10		10/28/19	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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