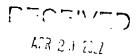
P18000058590

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SURFIARY OF STAIL



June 21, 2022

JOELAH ARIEL P.O. BOX 9113 BRADENTON, FL 34206

SUBJECT: JOELAH ARIEL, P.A. Ref. Number: P18000058590

We have received your document for JOELAH ARIEL, P.A. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 522A00013953

Agnes Lunt Regulatory Specialist III

COVER LETTER

Division of Corporations
SUBJECT: Joelah Anel PA Name of Limited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: P18000058590
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Joelah Avicl Contact Person
Jack Avic Person Firm/Company
PO BOX 9113
Bradenton A 34206
City, State and Zip Code Ariels dream O amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toelah Anel at (941) 400 - 5105 Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Florida Department of State.
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Joelah Ariel PA
Name of Corporation
DOCUMENT NUMBER: P 1 80000 5 8 5 9 0
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:
Joelah Ariel
Name of Contact Person
Firm/Company PO Box 9/13
Bradenton F1 34206 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joe ah Ariel at 941, 400 - 5/05 Name of Contact Person 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

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.
1. The name of the corporation: Joelah Aviel PA 2. The principal office address: 4633 Breezy Pines Blud Sarasota Fl. 34232
3. The mailing address (if different): PO Box 9113 Bradewton F1, 34206
4. Date of incorporation/qualification: 07/03/2019 Document number: P18000058590
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) 5120 GVANHE DUST PI
Palmotto F1 34221
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Ollah Avel
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 West difference authorized by the board, or the corporation has been notified in writing of the change. Signature of an officer or director. 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 7/7/2022 Date
If signing on behalf of an entity: Jole And
* * * FILING FEE: \$35.00 * * * Paral Already
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)