

P190000006482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

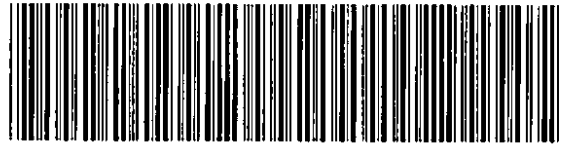
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200414310222

08/22/23--01011--005 \*\*35.00

08/22/23 11:35

08/22/23

08/22/23

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Adam M. Pastis, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P19000006482

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:

Adam M. Pastis

Name of Contact Person

Adam M. Pastis, P.A.

Firm/Company

901 N Lake Destiny Rd, Suite 305

Address

Maitland FL 32751

City/State and Zip Code

apastis@pdmplaw.com

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

For further information concerning this matter, please call:

Amy Cunningham

Name of Contact Person

at (407)

904-2660

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

**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: Adam M. Pastis, P.A.
2. The principal office address: 901 N Lake Destiny Rd, Suite 305, Maitland FL 32751
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/11/2019 Document number: P19000006482
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)

Adam M. Pastis

485 N Keller Rd, Suite 401

Maitland FL 32751

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

Adam M. Pastis

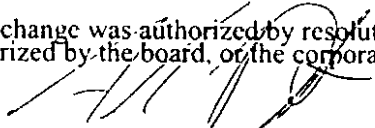
901 N Lake Destiny Rd, Suite 305

P.O. Box NOT acceptable

Maitland FL 32751

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

Adam M. Pastis/Owner

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

8/15/23

Date

If signing on behalf of an entity:

Adam M. Pastis

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 (04/13)



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation

ADAM M. PASTIS, P.A.

### Filing Information

**Document Number** P19000006482

**FEI/EIN Number** NONE

**Date Filed** 01/17/2019

**Effective Date** 01/11/2019

**State** FL

**Status** ACTIVE

### Principal Address

901 N Lake Destiny Rd, Suite 305

MAITLAND, FL 32751

Changed: 08/08/2023

### Mailing Address

901 N Lake Destiny Rd, Suite 305

MAITLAND, FL 32751

Changed: 08/08/2023

### Registered Agent Name & Address

PASTIS, ADAM M

485 N. KELLER RD.

SUITE 401

MAITLAND, FL 32751

### Officer/Director Detail

#### **Name & Address**

Title P

PASTIS, ADAM M

485 N. KELLER RD.

MAITLAND, FL 32751

Title VP