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A. Butter 10/6/21

COVER LETTER

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: Julia A. Farkas & Associates, PA. Name of Corporation	
DOCUMENT NUMBER:	
The enclosed Statement of Change of Regista	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Julia Farkas	
Name of Contact Person	
Firm/Company	
1167 Granger Rd.	
Address	
Medina, OH 44256	
City/State and Zip Code	
Julia.farkas@qtmlaw.com	1
E-mail address: (to be used for future and	
For further information concerning this matter	us staan, valle
to that in orthanon concerning this matte	er, piease can:
Julia Farkas	21,7561 \758-8808
Name of Contact Person	at (561)758-8808 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, 1 E 52514	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of che	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org	ganized under the laws of the State o	of Florida .	
	er to change its registered office or register to change its registered office or register to change its registered office or registered of the corporation:	-	of Florida.	
	office address: 600 Corporate Dr., Suite			
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 1/29/2019 Document number: P190000 991				
5. The name and	d street address of the current registered runent of State: (If resigned, enter resigned,	d agent and registered office on file		
	Julia A. Farkas			
	600 Corporate Dr. Suite 320		2021	
	Fort Lauderdale, FL 33334		2021 SEP 21	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered	21 Ph 12: 37	
	Steven M. Singer		SI SI	
	600 Corporate Dr. Suite 320		一百割 37	
	P.O.	Box NOT acceptable	_	
	Fort Lauderdale, FL 33334			
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of	f its registered agent,	
Such change was authorized by the	as authorized by resolution duly adop the board, or the corporation has been re of an officer or director		an officer so	
I hereby accept I further agree to of my duties, and document is bei	the appointment as registered agent a to comply with the provisions of all st ed I am familiar with and accept the o ng filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity. Attutes relative to the proper and configuration of my position as registe.	and omplete performance red agent. Or, if this reby confirm that the	
- An	2//	9/14/21		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
STEVEN	M. SINGER			
T	yped or Printed Name			

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