

P19000 045 580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

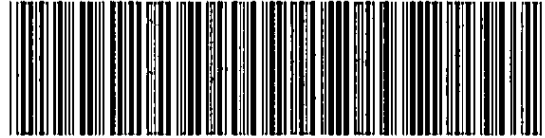
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800333521238

08/30/19--01007--026 **35.00

2019 AUG 30 PM 5:04
R. WHITE
SEP 10 2019

R. WHITE

SEP 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Charonton Barber P. A.

Name of Corporation

DOCUMENT NUMBER: P19000045580

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:

Charonton Barber

Name of Contact Person

Charonton Barber P.A.

Firm/Company

1500 Bay Rd Apt. 276

Address

Miami Beach, FL 33139

City/State and Zip Code

cnellbarber@gmail.com

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

For further information concerning this matter, please call:

Charonton Barber

Name of Contact Person

at (305) 302-3735

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**

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: Charonton Barber P.A.
2. The principal office address: 1500 Bay Rd Apt. 276 Miami Beach FL 33139

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/31/19 Document number: P19000045580

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)

Charonton Barber

1508 Bay Rd Apt. 1111

Miami Beach, FL 33139

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

Charonton Barber

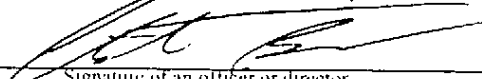
1500 Bay Rd Apt. 276

P.O. Box NOT acceptable

Miami Beach, FL 33139

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.

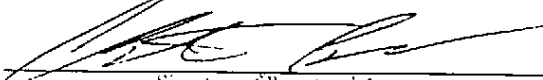


Signature of an officer or director

Charonton Barber/ President

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

8/26/19
Date

If signing on behalf of an entity:

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