

PI9000058177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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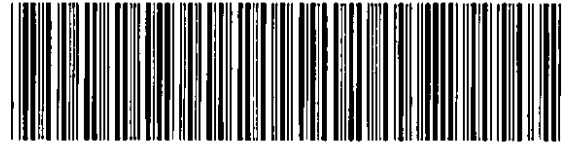
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08/28/23--01014--022 **35.00

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23 AUG 28 PM 4:02
HALL COUNTY CLERK
HALL COUNTY, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Julia M. Ingle, P.A.
Name of Corporation

DOCUMENT NUMBER: P19000058177

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:

Julia Ingle
Name of Contact Person

Julia M. Ingle, P.A.
Firm/Company

9612 Ridgecrest Ct.
Address

Davie, FL 33328
City/State and Zip Code

julia.ingle@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Ingle at (305) 502.9989
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

**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: Julia M. Ingle, P.A.
2. The principal office address: 1070 SW 129 Way
Davie, FL 33325
3. The mailing address (if different): —
4. Date of incorporation/qualification: _____ Document number: _____
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)

Julia Ingle
1070 SW 129 Way
Davie, FL 33325

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

Julia Ingle
9612 Ridgecrest Court
P.O. Box NOT acceptable
Davie, FL 33328

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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.

Julia Ingle
Signature of an officer or director

Julia Ingle
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.

Julia Ingle
Signature of Registered Agent

8/24/23
Date

If signing on behalf of an entity:

Julia Ingle
Typed or Printed Name

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