

P19 000084084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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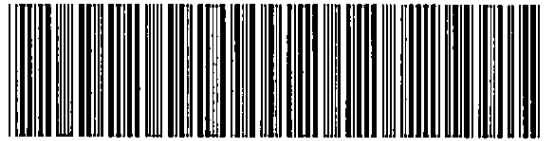
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE &
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QV
3/11/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kristine Gabor, PA
Name of Corporation

DOCUMENT NUMBER: P19000084084

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:

Kristine Gabor

Name of Contact Person

Firm/Company

1117 4th Ln. SW

Address

Vero Beach, FL 32962

City/State and Zip Code

krisgabor1@gmail.com

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

For further information concerning this matter, please call:

Kristine Gabor

Name of Contact Person

at (772)

321-4795

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: Kristine Gabor, PA
2. The principal office address: 1117 4th Ln, SW Vero Beach, FL 32962
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/28/2019 Document number: P19000084084
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)

Kristine Gabor

5049 N Highway A1A, Apt 601

Hutchinson Island, FL 34949

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

Kristine Gabor

1117 4th Ln, SW

P.O. Box NOT acceptable

Vero Beach, FL 32962

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.

Kristine Gabor

Signature of an officer or director

Kristine Gabor, Pres.

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.

Kristine Gabor

Signature of Registered Agent

2/20/2020

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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