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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: PROFESSIONAL ASSOCIATE NETWORK INC Name of Corporation
DOCUMENT NUMBER: P19000084790
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:
Arthur L. Boyd III
Name of Contact Person
Owner / President
Firm/Company
1287 SW 44th Terrace
Address
Deerfield Beach, FL 33442
City/State and Zip Code
al.boyd5@att.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arthur L. Boyd III at (954) 551-1677
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

CR2E045 (04/13)

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

•	•	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA	
	•	registered agent, or both, in the State of Florida.	
1. The name of the corp	poration: PROFESSIONAL	ASSOCIATE NETWORK INC	
2. The principal office	address: 1287 SW 44th Terra	ace Deerfield Beach, FL 33442	
3. The mailing address	(if different): Same as above	e	<u> </u>
4. Date of incorporation/qualification: 10/31/2019 Document number: P19000084790			
	address of the current regist of State: (If resigned, enter n	ered agent and registered office on file with the esigned)	
Resign	ned	_	
3250	IGGLES, LARRY G) NW 21 STREET DERDALE LAKES, FL 333		nen 100 15
(if changed):	-	d agent (if changed) and /or registered office	5 MM 7: 46
Arthu	r L. Boyd III (Owner / Pres.	ident)	91
1287	SW 44th Terrace		
Deerf	ñeld Beach, FL 33442	P.O Box NOT acceptable	
The street address of it as changed will be ide	ts registered office and the	street address of the business office of its registered age	ent,
Such change was auth authorized by the boar	orized by resolution duly ac d. or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
16th L 15.	rd III	Arthur L. Boyd III (Owner / President)	
I further agree to com of my duties, and I am document is being file	pointment as registered ago	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete performate obligation of my position as registered agent. Or, if the registered office address, I hereby confirm that hange.	mce this the
AHL L.	13, d TI	4/10/2020	
Signature of	Registered Agent	Date	_
If signing on behalf of	an entity:		
Typed or F	Printed Name		

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