

P200000021686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

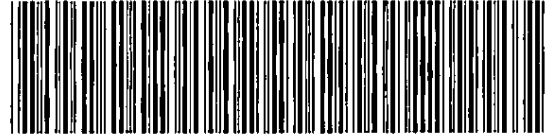
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 DEC -4 PM 12:40

R. HUNT

12/04/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paulsen Law, PA
Name of Corporation

DOCUMENT NUMBER: P20000021686

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:

GINNA PAULSEN

Name of Contact Person

Paulsen Law, PA

Firm/Company

10007 Vestal Place

Address

Coral Springs, FL 33071

City/State and Zip Code

GPAULSEN@PAULSEN-LAW.COM

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

For further information concerning this matter, please call:

Ginna Paulsen

Name of Contact Person

at (954) 391-5211

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

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FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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: Paulsen Law, PA
2. The principal office address: 3301 N UNIVERSITY DRIVE, SUITE 100-1063
Coral Springs, FL 33065
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/3/2020 Document number: P20000021686
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)

Ginna Paulsen

10007 Vestal Place

Coral Springs, FL 33071

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

Ginna Paulsen

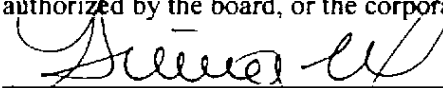
3301 N UNIVERSITY DRIVE, SUITE 100-1063

P.O. Box NOT acceptable

Coral Springs, FL 33065

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

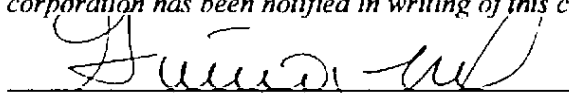
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Ginna Paulsen, DPT

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

11/29/2023

Date

If signing on behalf of an entity:

Ginna Paulsen

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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