

P20 000076968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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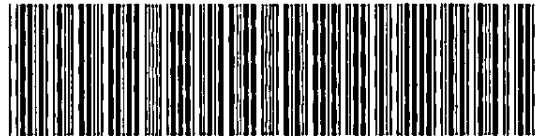
(Business Entity Name)

(Document Number)

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9/2/21

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RM3 CPA & Advisors P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P20000076968

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:

Daniel T Robinson

Name of Contact Person

RM3 CPA & Advisors P.A.

Firm/Company

401 E Las Olas Blvd Ste 1400

Address

Ft Lauderdale, FL 33301

City/State and Zip Code

dan@rm3cpa.com

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

For further information concerning this matter, please call:

Daniel T Robinson

Name of Contact Person

at (561) 208-4892

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: RM3 CPA & Advisors P.A.
2. The principal office address: 401 E Las Olas Blvd Ste 1400  
Boca Raton, FL 33301
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/24/2020 Document number: P20000076968
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)

Daniel T Robinson

7 Royal Palm Way #305

Boca Raton, FL 33432

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

Daniel T Robinson

401 E Las Olas Blvd Ste 1400

P.O. Box NOT acceptable

Fort Lauderdale, FL 33301

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

Daniel T Robinson  
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

08/18/2021

Date

If signing on behalf of an entity:

Daniel T Robinson

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  
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