## P20 000093629

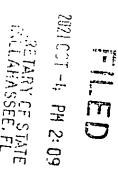
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

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address: ment Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Stephanic A. Caldwell, P.A.
2. The principal	office address: 400 North Tampa Street, Suite 1910
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 01/01/21 Document number: P20000093629
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Stephanie Caldwell
	606 E. Madison Street
	Tampa, Florida 33602
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Stephanie Caldwell
	400 North Tampa Street, Suite 1910
	P.O. Box NOT acceptable , 22
	Tampa, Florida 33602
The street address changed will	ess of its registered office and the street address of the business office of its registered agent.
=	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Steph	Stephanie Caldwell, President TIP Care of an officer of director Printed or typed name and title TIP
I further agree of my duties, ar document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
<u>Xipha</u>	gnature of Registered Agent Date
, ,	ehalf of an entity:
<del>7</del> 77	
	Typed or Printed Name

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