

P22000045698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sent Amend form to change name

Office Use Only



900411673309

07/07/23--01012--005 **35.00

FILED
2023 JUL -7 PM 3:11
CLERK OF COURT
JULY 10 2023

Ra Change

AUG 16 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LARAIN M. MCNEESE, PA
Name of Corporation

DOCUMENT NUMBER: P22000045698

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:

Laraine Moyer

Name of Contact Person

Firm/Company

416 NW 24th Place

Address

Cape Coral, FL 33993

City/State and Zip Code

RealtorLaraine@outlook.com

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

For further information concerning this matter, please call:

Laraine Moyer

Name of Contact Person

at (239) 304-6190

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

2023 JUL -7 PM 3:11

FILED

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: LARAIN M. MCNEESE, PA
2. The principal office address: 1482 N. Larkwood Sq Fort Myers, FL 33919
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/2/2022 Document number: P22000045698
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)

Laraine McNeese

1482 N. Larkwood Sq Fort Myers, FL 33919

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

Laraine Moyer

416 NW 24th Place Cape Coral FL 33993

P.O. Box NOT acceptable

I would like to change the Corp name to Laraine M. Moyer, PA if possible

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.

Mayer
Signature of an officer or director

Laraine Moyer (formerly McNeese) Reg Agent/PST
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.

Moyer
Signature of Registered Agent

6/28/2022

Date

If signing on behalf of an entity:

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
CR2E045 (04/13)