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TALLSHARRESTATE

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Cantrell Astbury Kranz, P.A. Name of Corporation						
DOCUMENT NUMBER: P22000051719						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter	ter to the following:					
William J. Cantrell						
Name of Contact Person						
Cantrell Astbury Kranz, P.A.						
Firm/Company	 					
401 E. Jackson St, Suite 2340						
Address						
Tampa, Floirda 33602						
City/State and Zip Code						
jchamberlain@caklegal.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please	e call:					
Jennifer Chamberlain	at (813)705-6275 Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Depa	ertment of State.					
Mailing Address:	Street Address:					
Amendment Section	Amendment Section					
Division of Corporations	Division of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of che	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi er to change its registered office or register	zed under the laws of the	State of 1	² lorida	this	
1. The name of	the corporation: Cantrell Astbury Kranz, P.	۸.				
	office address: 401 E Jackson Street, Suite 2		2	•		
3. The mailing a	address (if different): N/A					<u> </u>
4. Date of incor	poration/qualification: 06/25/2022	Document number:	P2200005	1719		
5. The name and	d street address of the current registered ag tment of State: (If resigned, enter resigned	ent and registered office				
	Alissa Kranz					
	3405 W Swann Ave Unit 4					
	Tampa, Florida 33609			_;_;_;	2023	
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or reg	istered offi	ORE THE	2023 AUG 10	-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\
	Registered Agents. Inc.			중국 이 <u>대</u>	X	5.4
	David Roberts			ST.	7: 09	C
		NOT acceptable		FLE	6 0	
	7901 4th St. N. Ste 300 St. Petersburg, Flori	da 33702	.			
The street address changed will	ess of its registered office and the street a be identical.	ddress of the business o	ffice of its	registe	red ago	ent.
Such change wa authorized by th	is authorized by resolution duly adopted be board, or the corporation has been noti	by its board of directors fied in writing of the ch	or by an cange.	officer s	30	
$-\omega$, ω	re of an officer or director	William Printed or typed	Cary tr			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in this cap es relative to the prope ation of my position as registered office addres	acity. r and comp registered is, I hereby	plete pe agent. v confir	erforma Or, if m that	ince this the
1		08/07/2023				
Sig	nature of Registered Agent	Dat	c			
If signing on be	half of an entity:					
Jennifer Chamber	dain					
Ty	ped or Printed Name					

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