P22000012428

(Requestor's Name)					
(Negocital o Name)					
(Address)					
(0) (0) (7) (0)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE JAN 30 2023					
J. 17073					
JAN 3 U 2023					

Office Use Only



200400889892

2023 JAN 27 AM II: 43

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 409990 4348220					
AUTHORIZATION :					
COST LIMIT : \$ 35 00 Cleman					
ORDER DATE : January 25, 2023					
ORDER TIME : 9:08 AM					
ORDER NO. : 409990-055					
CUSTOMER NO: 4348220					
CHANGE OF AGENT					
NAME: ROBERT SCHMIDT, CPA, P.A.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
AA PHAIN STAMPED COPT					
CONTACT PERSON: Eyliena Baker EXT#					
EXAMINER:					

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Robert Schmidt, CPA, P.A. of Corporation	
Name	of Corporation	
DOC	UMENT NUMBER: P22000072428	
The er	nclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
Steven	ı Berger	
Name	of Contact Person	
Vedde	r Price	
Firm/C	Company	
1633 I	Broadway, 31st Floor	
Addre	ss	
New Y	ork, NY 10019	
City/S	tate and Zip Code	
	sberger@vedderprice.com	
E-mai	l address: (to be used for future annu	al report notification)
For fu	rther information concerning this matter.	, please call:
Steven	Berger	at (212) 407-7714
-	Name of Contact Person	at (212) 407-7714 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to th	e Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	rananaoset i b ozo i i	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of _ registered agent, or both, in the State of F	Florida			
1. The name of t	he corporation: Robert Schmidt, CF	PA, P.A.				
2. The principal	office address: c/o Marcum S Corp	Legal, 10 Melville Park Road, Melville,	NY 11747			
3. The mailing a	ddress (if different):					
4. Date of incorp	4. Date of incorporation/qualification: 9/19/2022 Document number: P22000072428					
5. The name and		ered agent and registered office on file wi				
	Robert Schmidt		_			
	2200 S. Ocean Lane, Apt# 1802		_			
	Ft. Lauderdale, FL 33316		2023 851 1741			
6. The name and (if changed):	street address of the new registered	l agent (if changed) and /or registered off	023 JAN 27 SECRETARY ALLARASSES			
	Corporation Service Company		AM 9:			
	1201 Hays Street		9			
P O Box NOT acceptable						
	Tallahassee	FL 32301	-			
The street addre	ss of its registered office and the s be identical.	treet address of the business office of its	s registered agent.			
Such change wa authorized by th	s authorized by resolution duly ade e board, or the corporation has bee	opted by its board of directors or by an en notified in writing of the change.	officer so			
	bert Schmidt	Robert Schmidt	President			
I hereby accept I further agree t of my duties, an document is bein corporation has Corporation	o comply with the provisions of all	Printed or typed name and til nt and agree to act in this capacity. I statutes relative to the proper and come e obligation of my position as registered in the registered office address, I hereb ange.	inlete performance			
By: Sign	nature of Registered Agent	Date				
If signing on bel	nalf of an entity:					
Ту	ped or Printed Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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