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## · COVER LETTER

Amendment Section Division of Corporations

TO:

LADVOWSVITAW DA	
SUBJECT: LABKOWSKI LAW, P.A. Name of Corporation	
DOCUMENT NUMBER: P22000082870	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
David Labkowski	
Name of Contact Person	
Labkowski Law, P.A.	
Firm/Company	
2 S. Biscayne Blvd, Suite 1881	
Address	
Miami, FL 33131	
City/State and Zip Code	
david@labkowskilaw.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
DAVID LABKOWSKI	at ( 786 ) 375-7026
Name of Contact Person	at (786 ) 375-7026  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment 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

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Sta n organized under the laws of the State of <u>Flo</u> r registered agent, or both, in the State of Flo	orida	
1. The name of	the corporation: Labkowski Law, I	P.A.		
2. The principal Miami, FL 3313	office address: 2 S. Biscayne Blvd	, Suite 1881		_
3. The mailing a	ddress (if different):			_
4. Date of incor	poration/qualification: 10/31/2022	Document number: P220000828	370	
5. The name and		stered agent and registered office on file with		
	David Labkowski			
	10000 Bay Harbor Terrace, Apt 20	)4	292	
	Bay Harbor Islands, FL 33154			
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	e All	
	David Labkowski		9	
	2 S. Biscayne Blvd, Suite 1881		19	
		P.O. Box NOT acceptable		
	Miami, FL 33131			
The street addre	ess of its registered office and the be identical.	e street address of the business office of its r	egistered age	nt,
		adopted by its board of directors or by an of seen notified in writing of the change.	ficer so	
LILL	(my)	DAVID LABKOWSKI, PRESIDENT	Γ	
Signatu	re or an officer or director	Printed or typed name and title		_
of my duties, and document is bei	the appointment as registered a to comply with the provisions of all am familiar with and accept ng filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and compl the obligation of my position as registered a ge in the registered office address, I hereby c change.	ete performa igent. Or, if i confirm that i	nce his the
L.X.	UM)	AUGUST 6, 2023		
Sig	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
DAVID LABKO	WSKI			
Т	yped 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 \* \* \*