

P23000008031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

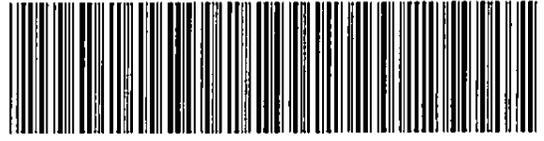
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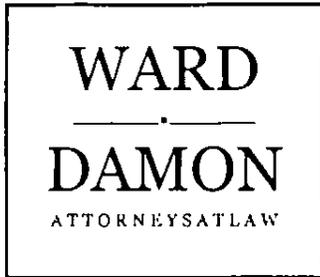
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SECRETARY OF STATE
CORPORATION
2023 MAY -2 PM 1:29



4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407
Tel: (561) 842-3000
Fax: (561) 842-3626
www.warddamon.com

Adam R. Seligman, Esquire
ASeligman@warddamon.com

May 1, 2023

Via Federal Express

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Statement of Change of Registered Agent – Darlene Streit, P.A.

To Whom It May Concern:

Enclosed please find the Cover Letter, Statement of Change of Registered Agent form and the check in the amount of \$35.00 for filing. Please update the Registered Agent to Adam R. Seligman, Esq. per the enclosed.

Please contact our office with any questions.

Sincerely,

A handwritten signature in black ink, appearing to be "CBA", written in a cursive style.

Candice B. Allen
Real Estate Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DARLENE STREIT, PA
Name of Corporation

DOCUMENT NUMBER: P23000008031

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:

Adam R. Seligman, Esq.

Name of Contact Person

Ward Damon PL

Firm/Company

4420 Beacon Circle

Address

West Palm Beach, FL 33407

City/State and Zip Code

aseligman@warddamon.com

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

For further information concerning this matter, please call:

Adam R. Seligman

Name of Contact Person

at (561) 842-3000

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

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: DARLENE STREIT, PA
- 2. The principal office address: 12140 BLUE CYPRESS CT., WELLINGTON, FL 33414
- 3. The mailing address (if different): SAME AS ABOVE
- 4. Date of incorporation/qualification: 01/31/2023 Document number: P230000C8031
- 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)

RESIGNED

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

Adam R. Seligman, Esq.
4420 Beacon Circle
 P.O. Box NOT acceptable
West Palm Beach, FL 33407

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.

DocuSigned by: Darlene Streit 5/1/23
 an officer or director 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.

DocuSigned by: Adam R. Seligman 5/1/2023
 Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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