

P23 0000 1597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

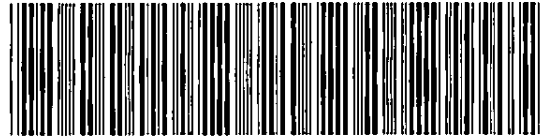
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/15/24--01003--013 **10.00

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2024 MAY 14 PM 2:27
SEC. CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adam Saper P.A.
Name of Corporation

DOCUMENT NUMBER: P23000015977

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 Saper
Name of Contact Person

Adam Saper P.A.
Firm/Company

1040 10th St #201
Address

Miami Beach FL 33139
City/State and Zip Code

acsaper@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Saper at (517) 348-8904
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Adam Saper PA
2. The principal office address: 1040 10th St. #201
Miami Beach FL 33139
3. The mailing address (if different): /
4. Date of incorporation/qualification: 3/02/23 Document number: P23000015977
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)

Corporate Creations Network Inc.
801 US Hwy 1
North Palm Beach FL 33480

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

Adam Saper
1040 10th St #201
Miami Beach FL 33131

P.O. Box NOT acceptable

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 MAY 14 PM 2:27

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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.


Signature of an officer or director

Adam Saper - Director / Owner
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.


Signature of Registered Agent

5/8/2024
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)