## P23000042695

(Requestor's Name)
(Address)
(Address)
( (Baless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ζ===,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700447051957

03/20/25--01015--005 \*\*35.00

2.76 (.... . . ) [ [ 6: 4]

MAY 0 5

S. PRATHER

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Davey Jay Law P.A. of Corporation	
Name	of Corporation	
DOCI	UMENT NUMBER: P23000042685	
		1000 (2.00)
		ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
Davey	Jay	
Name	of Contact Person	· · · · · · · · · · · · · · · · · · ·
Davey	Jay Law P.A.	
Firm/0	Company	**************************************
1317 I	Edgewater Drive #3423	
Addre	SS	<del></del>
Orland	io, FL 32804	
City/S	tate and Zip Code	
	davey@daveyjay.com	
E-mai	il address: (to be used for future annua	al report notification)
For fu	rther information concerning this matter,	please call:
Davey	Jay	or ( 321 ) 536-9027
	Name of Contact Person	at (321 ) 536-9027 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	e Department of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	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	provisions of sections inge is submitted for a ir to change its registe	corporation org	anized	under the la	iws of the Stat	e of <u>Florida</u>		
1. The name of t	the corporation: Davey	y Jay Law P.A.						
2. The principal	office address: 1317 E	dgewater Drive #	3423, C	Orlando, FL 3	2804			
3. The mailing a	address (if different): _						-	
4. Date of incorporation/qualification: 08/14/2023 Document number: P230000426						000042685		
	d street address of the ortment of State: (If resi		d agent					
	Davey Jay							
	1215 E Concord St		<u>.</u>				2 ; ; =	207A
	Orlando, FL 32803							1026 (Care
6. The name and (if changed):	I street address of the i	new registered a <sub>t</sub>	gent (if	changed) ar	nd /or registere	ed office	•	F: 3
	Brooke DeMore							<i>خ</i>
	1317 Edgewater Dr					· <del></del>	•	=
	Orlando, FL 32804	P.O. I	Box NOT	l'acceptable				
The street addre	ess of its registered of be identical.	Tice and the stre	et addr	ress of the b	usiness office	of its regis	tered a	agent,
_	as authorized by resol ne board, or the corpo							
	300		D	avey Jay				
U	re of an officer of director	. ,	. –		ited or typed name			
l further agrée i of my duties, an document is bei	the appointment as re to comply with the pro id I am familiar with a ng filed merely to refi s been notified in writ	ovisions of all stand and accept the or lect a change in	atutes bligati the res	relative to t	he proper and	d complete i	verfor, t. Or, irm th	mance if this at the
Brooke DeMore			03	/11/2025				
	nature of Registered Agent half of an entity:				Date			
Brooke DeMore	imir or an entry.							
	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 \* \* \*

CR2E045 (04/13)