

P92000014062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

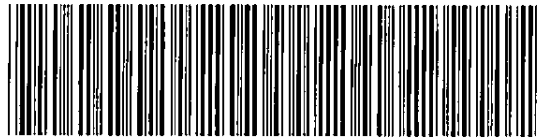
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 APR 26 AM 11:57

TALLAHASSEE, FLORIDA

RECEIVED

2024 APR 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 04/26/24
Order #: 1494884-1
Re: CUMMINGS & LOCKWOOD FLORIDA, P.A.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

AUTH 

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUMMINGS & LOCKWOOD FLORIDA, P.A.
Name of Corporation

DOCUMENT NUMBER: P92000014062

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:

Charles M. LeSchack

Name of Contact Person

Cummings & Lockwood LLC

Firm/Company

Six Landmark Square, 8th Floor

Address

Stamford, CT 06901

City/State and Zip Code

cleschack@cl-law.com

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

For further information concerning this matter, please call:

Charles M. LeSchack

Name of Contact Person

at (203) 351-4418

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
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CUMMINGS & LOCKWOOD FLORIDA, P.A.

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3001 Tamiami Trail N, Fourth Floor

NAPLES, FL 34103

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3001 Tamiami Trail N, Fourth Floor

NAPLES, FL 34103

12/24/1992

P92000014062

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CLASP, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3001 Tamiami Trail N, Suite 400

Naples, FL 34103

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William N. Horowitz
Signature of a member or authorized representative of a member

WILLIAM N. HOROWITZ
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Am
Signature of Registered Agent

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2024 APR 26 AM 11:57
TALLAHASSEE, FLORIDA