

P93000047468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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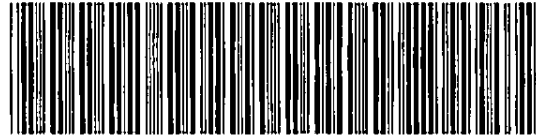
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Joel D. Fogel, PA

Name of Corporation

DOCUMENT NUMBER: P93000047468

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:

Joel D. Fogel

Name of Contact Person

Joel D. Fogel, PA

Firm/Company

7935 SW 97 St.

Address

Miami, FL 33156

City/State and Zip Code

joel@fogelrubinfogel.com

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

For further information concerning this matter, please call:

Joel D. Fogel

Name of Contact Person

at (305) 761-9556

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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: Joel D. Fogel, PA
2. The principal office address: 7935 SW 97 St.
Miami, FL 33156
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/1993 Document number: P93000047468
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)

Joel D. Fogel
44 W Flagler Street #350
Miami, FL 33130

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

Cynthia S. Sobel, CPA
900 S Pine Island Rd., Suite 220
P.O. Box NOT acceptable
Plantation, FL 33324

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DIVISION OF CORPORATIONS

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.

Joel D. Fogel Joel D. Fogel (P)
Signature of 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.

Cynthia S. Sobel CPA 7/27/17
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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