

P94000048654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

C GOLDEN

SEP 12 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cathy Appleton P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P94000048654

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:

Cathy Appleton  
Name of Contact Person

Cathy Appleton, P.A.  
Firm/Company

1200 S. Federal Highway, Suite 302  
Address

Bonnton Beach, Florida 33435  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cathy Appleton at (561) 369-3525  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2018

CATHY APPLETON           \*\*2ND MAILING\*\*  
1200 S FEDERAL HIGHWAY  
SUITE 302  
BOYNTON BEACH, FL 33435

SUBJECT: CATHY APPLETON, P.A.  
Ref. Number: P94000048654

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 118A00017622



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2018

CATHY APPLETON  
1200 S FEDERAL HIGHWAY  
SUITE 302  
BOYNTON BEACH, FL 33435

SUBJECT: CATHY APPLETON, P.A.  
Ref. Number: P94000048654

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Claretha Golden  
Regulatory Specialist II

Letter Number: 118A00017622

REC'D  
13 SEP-18  
... 9:16

**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: Cathy Appleton, P.A.  
2. The principal office address: 1200 S. Federal Highway, Suite 302  
Boynton Beach, Florida 33435  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/29/94 Document number: 794000048654

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)

Cathy Appleton  
1200 S. Federal Highway, Suite  
Boynton Beach, Florida 33435

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

1200 S. Federal Highway, Suite 302  
P.O. Box NOT acceptable  
Boynton Beach, Florida 33435

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.

Cathy Appleton  
Signature of an officer or director

Cathy Appleton - President  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 SEP - 6 PM 2:14

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