P94000049049

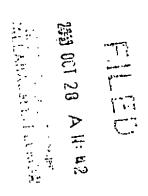
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700335957147

ionio oroid=-017 **35.00



GIOS 2 2 VOA XUERKEU T

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:_	ROBERT L. JAMERSON, JR., P.A.
	Name of Corporation
DOCUMEN	r number:_P94000049049

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:

Robert L. Jamerson, Jr.

Robert L. Jamerson, Jr., P.A.

Firm/Company

5183 SW 76th Street

Address

Miami, FL 33143

City/State and Zip Code

rj@robertjamerson.com

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

For further information concerning this matter, please call:

Robert Jamerson at (305) 448-1297
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	rovisions of sections 607.0502, 617.6 age is submitted for a corporation org to change its registered office or reg	ganized under the laws of the	State of Florida			
1. The name of th	e corporation: ROBERT L. JA	MERSON, JR., P.A				
2. The principal of	office address: 5183 SW 76th	Street, Miami, FL 33	143			
3. The mailing ad	dress (if different):					
4. Date of incorpo	oration/qualification: 06/27/199	4 Document number:	P94000049049			
5. The name and	street address of the current registere ment of State: (If resigned, enter resig	d agent and registered office				
	Robert L. Jamerson, Jr.					
_	2655 S. Le Jeune Rd., Suite 317					
-	Coral Gables, FL 33134					
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or reg	istered office			
-	Robert L. Jamerson, Jr.		22			
-	5183 SW 76th Street	1020	→ > ·			
-	Miami, FL 33143	GOT acceptable	# # # R			
The street addres as changed will b	s of its registered office and the stre se identical.	eet address of the business of				
Such change was authorized by the	authorized by resolution duly adopte board, or the corporation has been	ted by its board of directors notified in writing of the ch	or by an officer so ange.			
	of an officer or director	Robert L. Jamerson	· · · · · · · · · · · · · · · · · · ·			
I hereby accept to I further agree to performance of n agent. Or, if this	he appointment as registered agent of comply with the provisions of all stay duties, and I am familiar with and document is being filed merely to relate the corporation has been notified	and agree to act in this cape tatutes relative to the proper d accept the obligation of m eflect a change in the regisi	neity			
		October 2	2.2019			
Signa	nture of Registered Agent	Date	· · · · · · · · · · · · · · · · · · ·			
If signing on beh	alf of an entity;					
Тур	ped or Printed Name					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR26045 (63/12)

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