

P94000074197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

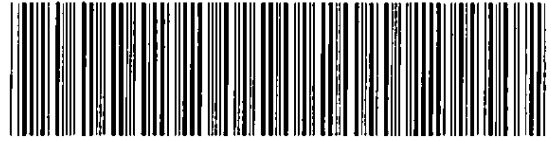
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Karen Williams Kammer, P.A.  
Name of Corporation

DOCUMENT NUMBER: P94000074197

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:

Karen Kammer  
Name of Contact Person  
Karen Williams Kammer, P.A.  
Firm/Company  
7011 Aragon Avenue, #916  
Address  
Coral Gables, FL 33134  
City/State and Zip Code  
KWKPA@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Kammer at ( 305 ) 793-5750  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

#2702

**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 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KAREN Williams Kammer, P.A.
2. The principal office address: 6405 SW 129 Terr, Miami, FL 33156
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/6/94 Document number: P9400074197
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)  
Karen Kammer  
6405 SW 129 Terr  
Miami FL 33156
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):  
Ten Aragon Avenue, # 916  
Coral Gables, FL 33134  
P.O. Box NOT acceptable

2023/05-1 AM 11:45

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.

[Signature]  
Signature of an officer or director

Karen Kammer, PVP/420  
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]  
Signature of Registered Agent

7/12/23  
Date

If signing on behalf of an entity:

Karen Kammer for Karen Williams Kammer, P.A.  
Typed or Printed Name

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