

P05000000504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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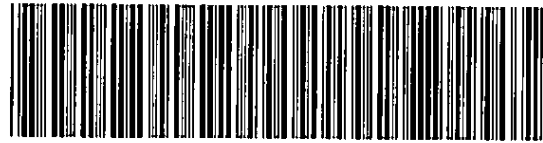
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

56 10/28/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS, INC.
Name of Corporation

DOCUMENT NUMBER: P95000000504

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:

Donna M. Son

Name of Contact Person

FLORIDA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS, I

Firm/Company

3800 Esplanade Way, Suite 210

Address

Tallahassee FL 32311

City/State and Zip Code

sherri@ficpa.org

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

For further information concerning this matter, please call:

Donna M. Son at (850) 224-2727 x 301
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
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FLORIDA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS, INC.
2. The principal office address: 3800 Esplanade Way, Suite 210
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/04/1995 Document number: P95000000504
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)

Deborah L. Curry

3800 Esplanade Way, Suite 210

Tallahassee FL 32311

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

Donna M. Son

3800 Esplanade Way, Suite 210

P.O. Box NOT acceptable

Tallahassee FL 32311

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.

DSon
Signature of an officer or director

Donna Son
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.

DSon
Signature of Registered Agent

8/21/20
Date

If signing on behalf of an entity:

Florida Institute of CPA
Typed or Printed Name

Donna Son

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

2020 AUG 24 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FL

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