

P95000000504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

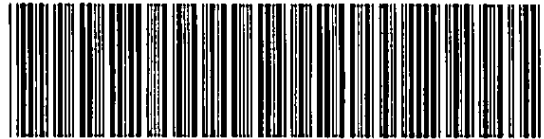
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

J DENNIS
NOV 29 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

Florida Society of Certified Public Accountants, Inc.
SUBJECT: _____
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:

Kenneth R. Hart

Name of Contact Person
Ausley McMullen

Firm/Company
P.O. Box 391

Address
Tallahassee, FL 32302

City/State and Zip Code
Shelly@ficpa.org

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

For further information concerning this matter, please call:

Kenneth R. Hart

850 425-5462

Name of Contact Person

at ()
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: 250 South Orange Avenue, Suite 300P, Orlando, FL 32801

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/04/1995 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)

Shelly Weir, Registered Agent
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):

Fairwinds Tower, 135 W. Central Blvd., Suite 1140
Orlando, FL 32801
P.O. Box NOT acceptable

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.

Shelly J. Weir
Signature of an officer or director

Shelly Weir, 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.

Shelly J. Weir
Signature of Registered Agent

August 9, 2022

Date

If signing on behalf of an entity:

Shelly Weir/Florida Society of Certified Public Accountants, Inc.

Typed or Printed Name

***** 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)