P96000164136

(Re	questor's Name)			
(Ad	dress)			
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(Business Entity Name)				
(Document Number)				
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COVERLETTER

Amendment Section Division of Corporations

TO:

SUBJECT: THE NORTH LAW FIRM, P.A. Name of Corporation		
DOCUMENT NUMBER: P96000016436		
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
JOSEPH R. NORTH		
Name of Contact Person		
THE NORTH LAW FIRM, P.A.		
Firm/Company		
5220 SUMMERLIN COMMONS BOULEVARD, SUI	ITE 300	
Address	 _	
FORT MYERS, FLORIDA 33907		
City/State and Zip Code		
JROBERTNORTH@THENOR	THLAWFIRM, P.A.	
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, ple	ease call:	
JOSEPH R. NORTH	at (239)337-1191 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the D		
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	unge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida . organized under the laws of the State of <u>]</u> registered agent, or both, in the State of F	FLORIDA	
1. The name of	the corporation: THE NORTH LAW	FIRM, P.A.		
2. The principal	office address: 5220 SUMMERLIN FLORIDA 33907	COMMONS BOULEVARD, SUITE 300		
3. The mailing a	address (if different): N/A/			
4. Date of incor	poration/qualification: 02/12/1996	Document number: P960000	16436	
	d street address of the current registortment of State: (If resigned, enter re	ered agent and registered office on file wesigned)	ith the	
	JOSEPH R. NORTH		_	
	14241 METRO PARKWAY, SUITE	E 200		
	FORT MYERS, FLORIDA 33912			
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered of	fice m	
	JOSEPH R. NORTH		_	
	5220 SUMMERLIN COMMONS B	OULEVARD, SUITE 300	~ ;	
	FORT MYERS, FLORIDA 33907	P.O. Box NOT acceptable	_	
The street address changed will	ess of its registered office and the s I be identical.	street address of the business office of it	ts registered agent.	
Such change wauthorized by the	as authorized by resolution duly ac he board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	officer so	
Signature of an officer or director		JOSEPH R. NORTH - PRESIDEN	JOSEPH R. NORTH - PRESIDENT	
•		Printed or typed name and to	itle	
I further agree of my duties, ar document is be	t the appointment as registered ago to comply with the provisions of al and I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and con se obligation of my position as registere on the registered office address, I here ange.	nplete performanc d agent. Or, if thi by confirm that the	
Signature of Registered Agent		12-18-20	12-18-2023	
Sig	gnature of Registered Agent	Date		
If signing on bo	chalf of an entity:			
Jasep	on A. North			
i i	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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