

6/9/2021

PG0000014317

Division of Corporations
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : JAMES ACCOUNTING & TAX PRACTICE, INC.
Account Number : 170000000159
Phone : (305)595-2886
Fax Number : (305)595-2898

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
JAMES ACCOUNTING & TAX PRACTICE, P.A.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: James Accounting & Tax Practice, PA
2. The principal office address: 9100 S Dadeland Blvd, Suite 1500, Miami FL 33156
3. The mailing address (if different): 19650 SW 207th Avenue, Miami FL 33187
4. Date of incorporation/qualification: 2/12/98 Document number: P98000014317
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)

Verna James

10749 SW 104th Street

Miami FL 33176

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

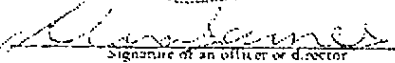
Verna James

9100 S. Dadeland Blvd, Suite 1500, Miami FL 33156

P.O. Box NOT acceptable

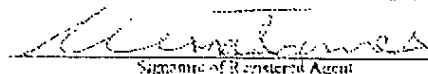
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

VERNA JAMES
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 of Registered Agent

6/9/2021
Date

If signing on behalf of an entity:

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
CR20045 (04/13)

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