

PA8000034078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Suncoast Legal Center, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P98000034078

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:

James Kompotheeras

Name of Contact Person

Suncoast Legal Center, P.A.

Firm/Company

P O Box 5027

Address

Tampa, Florida 33675

City/State and Zip Code

james@suncoastlegalcenter.com

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

For further information concerning this matter, please call:

James Kompotheeras

Name of Contact Person

at (

941

) 504-5688

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: Suncoast Legal Center, P.A.
2. The principal office address: 18245 Paulson Drive, Suite 132, Port Charlotte, FL 33954
3. The mailing address (if different): P O Box 5027, Tampa, Florida 33675
4. Date of incorporation/qualification: 04/14/1998 Document number: P98000034078
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)

James Kompothecras  
9040 Town Center Parkway  
Lakewood Ranch, Florida 34202

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

James Kompothecras  
18245 Paulson Drive, Suite 132  
Port Charlotte, Florida 33954

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.

James Kompothecras  
Signature of an officer or director

James Kompothecras, 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.*

James Kompothecras  
Signature of Registered Agent

5/4/2022  
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  
CR2E045 (04/13)