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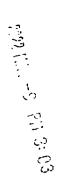
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COVER LETTER

TO: Amendment Section Division of Corporations	·			
SUBJECT: Suncoast Legal Center. P.A. Name of Corporation				
Name of Corporation				
DOCUMENT NUMBER: P98000034078				
The enclosed Statement of Change of Registe	ered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
James Kompothecras				
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@suncoastlegalcent	er.com			
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter	er, please call:			
James Kompothecras	31 (941 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
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	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State inge is submitted for a corporation organized under the laws of the State of <u>Flor</u> r to change its registered office or registered agent, or both, in the State of Flor	ida
1. The name of (the corporation: Suncoast Legal Center, P.A.	
	office address: 18245 Paulson Drive, Suite 132, Port Charlotte, FL 33954	
3. The mailing a	ddress (if different): P O Box 5027, Tampa, Florida 33675	
4. Date of incorp	poration/qualification: 04/14/1998 Document number: P9800003407	78
5. The name and	I street address of the current registered agent and registered office on file with t tment of State: (If resigned, enter resigned)	
	James Kompothecras	
	9040 Town Center Parkway	, g
	Lakewood Ranch, Florida 34202	39
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	909 1
	James Kompotheeras	<u> </u>
	18245 Paulson Drive. Suite 132	유
	P.O. Box NOT acceptable	C.J
	Port Charlotte, Florida 33954	
The street address changed will	ess of its registered office and the street address of the business office of its rebe identical.	gistered agent,
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so
Home	James Kompotheeras, President	
	the approintment as requistared agent and agree to get in this approint.	=
of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comple d I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address. I hereby content to be notified in writing of this change.	te performance gent. Or, if this onfirm that the
Johns	HOWE 5/1/2022 nature of Registered Agent 5/1/2022	
0	half of an entity:	
17	yped or Printed Name	

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