

P98 0000 76362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. WHITE

DEC 19 2019

2019/12/21 AM 10:06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Liberman & Associates PA

Name of Corporation

DOCUMENT NUMBER: P98000076362

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:

Lea Liberman

Name of Contact Person

Liberman & Associates PA

Firm/Company

12773 Forest Hill Blvd Suite 207

Address

Wellington, FL 33414

City/State and Zip Code

lea@libermancpa.com

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

For further information concerning this matter, please call:

Lea Liberman

Name of Contact Person

at (954) 401-5785

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Liberman & Associates PA
2. The principal office address: 12773 Forest Hill Blvd Suite 207, Wellington, FL 33414
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/01/2019 Document number: P98000076362
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)

Lea Liberman

2699 Stirling Rd, Suite A305

Ft Lauderdale, FL 33312

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

Lea Liberman

12773 Forest Hill Blvd Suite 207

P.O. Box NOT acceptable

Wellington, FL 33414

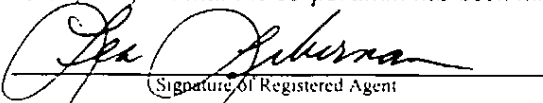
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Lea Liberman, 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.


Signature of Registered Agent

11/19/19
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

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