798000101937

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Priorie #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617. inge is submitted for a corporation or ir to change its registered office or re	rganized under the lav	vs of the State of	FL	
1. The name of a	the corporation: FORWARD LAW FIR	RM, P.A.			
2. The principal	office address: 1615 Woodward St C	Orlando, FL 32803			
3. The mailing a	address (if different): P.O. Box 7 Win	ter Park, FL 32790			
	poration/qualification: 12/03/1998		ստեеr։ <u>P980</u> 0	0101937	
	I street address of the current register rtment of State: (If resigned, enter res	ed agent and registere			
	ASSURED COMPLIANCE SERVI	CES, LLC		_	
	1615 Woodward St			_	
	Orlando	FL	32803		
6. The name and (if changed):	d street address of the new registered	agent (if changed) and	d /or registered o	— ffice	
	Corporation Service Company				
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301		
The street address changed will	ess of its registered office and the stable identical.	reet address of the bu	siness office of	its registered agent.	
Such change wa authorized by the	as authorized by resolution duly adone board, or the corporation has been	opted by its board of c in notified in writing c	lirectors or by an of the change.	n officer so \overline{C}	
/S/ Philip K. Calandrino		Philip K. Caland		CEO	
-	re of an officer or director		ed or typed name and	ाति । च्या === १५७ ==	
I further agree of my duties, and document is being corporation has	the appointment as registered agen to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change is sbeen notified in writing of this cha n Service Company	statutes relative to th obligation of my pos in the registered offic	this capacity, e proper and co, ition as registere e address, I here		
By: Yakabi Signature of Registered Agent		12/13/2024	Date		
_	chalf of an entity:		() had		
~ ~	IRBY, ASST. VICE PRESIDENT				
	vised or Printed Nume				

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

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