

555693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300238289213

08/09/12--01008--002 **35.00

FILED
2012 AUG -9 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Charles
8-15-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEIL SCHAFFEL, P.A.

Name of Corporation

DOCUMENT NUMBER: S55693

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:

Neil Schaffel, Esq.

Name of Contact Person

Neil Schaffel, P.A.

Firm/Company

901 W. 9th Street, #406

Address

Austin, TX 78703

City/State and Zip Code

neil@schaffel.com

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

For further information concerning this matter, please call:

Neil Schaffel

Name of Contact Person

at (305) 542-5512

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

1. The name of the corporation: Neil Schaffel, P.A.
2. The principal office address: 901 W. 9th Street, Unit 406, Austin, TX 78703
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 5/21/91 Document number: S55693
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)

Neil Schaffel

3300 University Drive, Suite 604

Coral Springs, FL 33065

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

Alex Hofrichter, Esq.

1430 S. Dixie Highway, Suite 204

P.O. Box NOT acceptable

Coral Gables, FL 33146

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.

Neil Schaffel, President
Signature of an officer or director

Neil Schaffel, 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.

Alex Hofrichter
Signature of Registered Agent

8/6/12
Date

If signing on behalf of an entity:

Alex Hofrichter
Typed or Printed Name

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