

V08504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

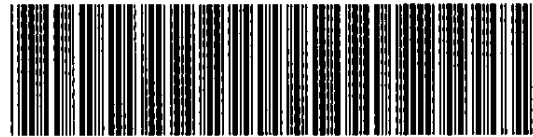
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6-15-10



600181851026

06/14/10--01039--006 **35.00

RA
Cm
SL

FILED
2018 JUN 14 AM 9:14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAW OFFICES OF SHAPIRO & ASSOCIATES, P.A.
Name of Corporation

DOCUMENT NUMBER: V 08504

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:

JEFFREY SHAPIRO
Name of Contact Person

LAW OFFICES OF SHAPIRO & ASSOCIATES P.A.
Firm/Company

1806 N. FLAMINGO RD, SUITE 312
Address

PEMBROKE PINES, FL 33028
City/State and Zip Code

SHAPIRO@EFLALAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY SHAPIRO at (954) 475-0051
Name of Contact Person 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: LAW OFFICES OF SHAPIRO & ASSOCIATES, P.A.
2. The principal office address: 1806 N. FLAMINGO ROAD, Suite 312
PEMBROKE PINES, FL 33028
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1-23-92 Document number: V08504

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)

JEFFREY S. SHAPIRO
7805 SW 6TH CT
PLANTATION FL 33324

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

JEFFREY S. SHAPIRO
1806 N. FLAMINGO ROAD, Suite 312
PEMBROKE PINES, FL 33028

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]
Signature of an officer or director

JEFFREY S. SHAPIRO, 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]
Signature of Registered Agent

6-10-10
Date

If signing on behalf of an entity:

JEFFREY S. SHAPIRO
Typed or Printed Name

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