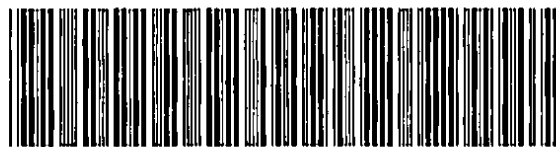


109003



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lisa J Montano CPA PA
Name of Corporation

DOCUMENT NUMBER: V09003

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:

Lisa J Montano
Name of Contact Person

Lisa J Montano CPA PA
Firm/Company

10723 NW 19th Place
Address

Coral Springs, FL 33071
City/State and Zip Code

lisa@montanocpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa J Montano at (954) 755-7302
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lisa J Montano CPA PA
2. The principal office address: 10723 NW 19th Place
Coral Springs FL 33071
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/24/1992 Document number: 1090300

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)

Lisa J Montano
11555 Heron Bay Blvd Suite 200
Coral Springs, FL 33076

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

NO change to registered agent
10723 NW 19th Place
P.O. Box NOT acceptable
Coral Springs, FL 33071

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.

Lisa J. Montano
Signature of an officer or director

Lisa J Montano 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.

Lisa J Montano
Signature of Registered Agent

6/6/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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