

P22000068101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

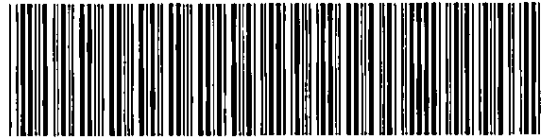
(Business Entity Name)

(Document Number)

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FILED  
2023 JAN 25 AM 10:50  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 JAN 25 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. BUTLER  
JAN 26 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 409990 4348220

AUTHORIZATION :



COST LIMIT : \$ 35.00

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ORDER DATE : January 25, 2023

ORDER TIME : 2:34 PM

ORDER NO. : 409990-040

CUSTOMER NO: 4348220  
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CHANGE OF AGENT

NAME: PATRICIA HAMILTON, CPA, P.A.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Patricia Hamilton, CPA, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P22000068101

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:

Steven Berger

Name of Contact Person

Vedder Price

Firm/Company

1633 Broadway, 31st Floor

Address

New York, NY 10019

City/State and Zip Code

sberger@vedderprice.com

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

For further information concerning this matter, please call:

Steven Berger

Name of Contact Person

at (212)

407-7714

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Patricia Hamilton, CPA, P.A.
2. The principal office address: c/o Marcum S Corp Legal, 10 Melville Park Road, Melville, NY 11747
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/1/2022 Document number: P22000068101
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)

Patricia Hamilton

4210 W Kensington Ave

Tampa, FL 33629

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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: PATRICIA HAMILTON Patricia Hamilton 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.*

**Corporation Service Company**

By: Elycia Oliver 01/25/2023  
\_\_\_\_\_  
Signature of Registered Agent 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  
CR2E045 (04/13)