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Secretary of State

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03012007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3355555	Applied For
	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75* Additional Fee Required**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable

**Make check payable to
Florida Department of State**

TITLE	ED	☐ Change	☒ Addition
NAME	Thompson, Micki		
STREET ADDRESS	50 S. Belcher Rd., Suite 116		
CITY-ST-ZIP	Clearwater, FL 33765		

SIGNATURE: Micki Thompson Micki Thompson, Exec. Dir., 3/1/07 727-210-4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____