## P03000152673

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	SUBJECT: Theresa L. Headley, PA  Name of Corporation						
DOCUMENT NUMBER:	DCUMENT NUMBER: P03000152673						
The enclosed Statement of Chan	ge of Registered Office/	Agent and fee are submit	tted for filing.				
Please return all correspondence	concerning this matter t	to the following:					
Kevin C. Reid Name of Contact Person							
K. Reid, CPA, Inc.							
Firm/Company							
		·					
3890 Turtle Creek Dr., Ste B Address							
Address							
Port Orange El 32127							
Port Orange, FL 32127 City/State and Zip Code							
	nmoniz@kreid.cna ora						
pmoniz@kreid-cpa.org  E-mail address: (to be used for future annual report notification)							
For further information concerning	ng this matter, please ca	11:					
Kevin Re	id	at ( 386 )	788-6057				
Name of Contact		Area Code & Daytir	788-6057 ne Telephone Number				
Enclosed is a \$35.00 check made	payable to the Departm	ent of State.					
<u>Mailing</u>	Address: nent Section	Street Address:					
		Street Address: Amendment Se					
P.O. Bo	of Corporations x 6327		Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•		507.1508, or 617.1508, Flo d under the laws of the Sta	
			d agent, or both, in the Stat	
1. The name of	the corporation: There	sa L. Headley	y, PA	
2. The principa	l office address: 808 Du	nlawton Ave, P	ort Orange, FL 32127	
3. The mailing	address (if different): 14	8 Marsh Wren C	Court, Daytona Beach	, FL 32127
4. Date of incom	rporation/qualification:	01/01/2004	Document number:	P03000152673
	d street address of the cur artment of State: (If resign		at and registered office on f	ile with the
	Friebis, Daniel S			
	3890 Turtle Creek	Dr Ste B-1		1 SE
	Port Orange, FL 32	2127		
6. The name an (if changed):		v registered agent (i	f changed) and /or register	50 m
	K. Reid, CPA, Inc.	·	· 1477	
	3890 Turtle Creek			<u> </u>
	D 10 FI 00	P.O. Box NOT acc	ceptable	
	Port Orange, FL 32	127		
The street addr as changed will	ess of its registered office l be identical.	e and the street add	lress of the business office	e of its registered agent,
Such change w authorized by t	as authorized by resoluti he board, or the corporat	on duly adopted by ion has been notifi	its board of directors or ed in writing of the chang	by an officer so e.
	su L. Hevel	ley -	Theresa L. Printed or typed nam	Headley
I hereby accept I further agree of my duties, ar document is be		stered agent and a sions of all statutes l accept the obligat t a change in the re of this change.	gree to act in this capacit relative to the proper an tion of my position as reg egistered office address, I	_
/~		3	8-21	4-11
Sig	nature of Registered Agent		. Date	
f signing on be	chalf of an entity:			
	Visad or Dringed Marie			
1	yped or Printed Name			

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