P13000089111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RA Change

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2014 OCT -9 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DSR
10/9/14

*00789, 00524, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Patricia Ayres, PA
Name of Corporation

DOCUMENT NUMBER: P13000089111

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:

Patricia Ayres
Name of Contact Person

Patricia Ayres, PA
Firm/Company

473 SW Todd Ave.
Address

Port St. Lucie, FL 34983
City/State and Zip Code

Pat01@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Ayres, PA at (772) 342-0797
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

CR2E045 (03/12)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2014

Patricia Ayers
473 SW Todd Ave.
Port St. Lucie, FL 34983

SUBJECT: PATRICIA AYRES, PA
Ref. Number: P13000089111

We have received your document for PATRICIA AYRES, PA and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the form as the new registered agent in the space provided at the bottom of the page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 814A00021049

RECEIVED
14 OCT -9 AM 10:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

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 Ayres, PA

2. The principal office address: 473 SW Todd Ave.
Port St. Lucie , FL 34983

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/30/2013 Document number: P13000089111

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)

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

Patricia Ayres
473 SW Todd Ave.
P.O. Box NOT acceptable
Port St. Lucie, FL 34983

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.

Patricia Ayres
Signature of an officer or director

Patricia Ayres , Director-owner
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.

Patricia Ayres
Signature of Registered Agent

Sept. 19, 2014
Date

If signing on behalf of an entity:

Patricia Ayres
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 (03/12)