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SECRETARY OF STALE DIVISION OF CERFORATIONS

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EXAMMER

COVER LETTER

TO: Amendment Section Division of Corporations

SURJECT. Tiffany A. Sullivan, P.A.

Name of Corporation

DOCUMENT NUMBER, P14000058490

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:

Tiffany A. Sullivan

Name of Contact Person

Tiffany A. Sullivan, P.A.

Firm/Company

4507 Woodbine Road

Address

Pace, Florida 32571

City/State and Zip Code

tsullivan@sullivan-law.com

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

For further information concerning this matter, please call:

Tiffany Sullivan

 μ 85U

380-8838

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Tiffany A. Sullivan, P.A.
2. The principal	office address: 4507 Woodbine Road
	Pace, Florida 32571
3. The mailing a	ddress (if different): Same as above
4. Date of incorp	poration/qualification: July 9, 2014 Document number: P14000058490
	street address of the current registered agent and registered office on file with the trentment of State: (If resigned, enter resigned)
	Tiffany A. Sullivan
	7652 Lakeside Drive
	Milton, Florida 32583
6. The name and (if changed):	Militon, Florida 32583 I street address of the new registered agent (if changed) and /or registered office
	Tiffany A. Sullivan
	Tiffany A. Sullivan 4507 Woodbine Road P.O. Box NOT acceptable 22
	P.O. Box NOT acceptable 22 F
	Pace, Florida 32571
-	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Siff	Tiffany A. Sullivan, President Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
My St	12 A Sull 7 23 14 nature of Registered Agent Date
If signing on be	half of an entity:
Tiffany A. S	Sullivan yped or Printed Name
•,	Abon or ettinom traine

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