

P95000011534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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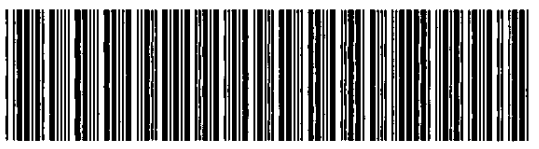
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Caldwell & Payne, P.A  
Name of Corporation

**DOCUMENT NUMBER:** P95000011534

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:

Ross E. Payne

Name of Contact Person

Caldwell & Payne, P.A

Firm/Company

P.O. Box 120069

Address

Clermont, FL 34711

City/State and Zip Code

rpayne@caldwellpayne.com

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

For further information concerning this matter, please call:

Ross E. Payne

Name of Contact Person

at ( 407 ) 897-8164

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

