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## REGISTERED AGENT CHANGE C. MICHAEL BROWN, INC.

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T. BROWN

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: C. MICHAEL BROWN, INC.

Name of Corporation

P95000030532

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:

Jennifer L. Williamson, Esq.

Name of Contact Person

Crary Buchanan, P.A.

Firm/Company

P.O. Drawer 24

Address

Stuart, FL 34995-0024

City/State and Zip Code

jlw@crarybuchanan.com

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

For further information concerning this matter, please call:

Lisa R. Taube

,772 \233-4602

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)

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stanues, this age is submitted for a corporation organized under the laws of the State of Florids r to change its registered office or registered agent, or both, in the State of Florids.		
1. The name of t	the corporation: C. MICHAEL BROWN, INC.		
2. The principal	AADE Samelin Library		
	Palm City, FL 34990		
3. The mailing a	ddress (if different): P.O. Box 1097		
	Palm City, FL 34991		
4. Date of incorp	poration/qualification: 4/19/1995 Document number: P95000030532		
5. The name and	d street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)		
	Lawrence E. Crary III	1	
	4425 SW Martin Highway	3 SECTION	
	Stuart, FL 34994	ASSER GENCO	
6. The name and (if changed):	ender and the state of the stat	19 PH 2:41	
	Jennifar L. Williamson	ORATIO	
	759 SW Federal Highway, Suite 106		
	P.O. Box NOT screptable Stuart, Ft. 34994	غد :	
The street addr	ess of its registered office and the street address of the business office of its registered agent. I be identical.		
Such change w nuthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
Ban	Barrie L. Brown, President		
I hereby accept further agree performance o agent. Or, if it hereby confirm	the appointment as registered agent and agree to act in this capacity, at the appointment as registered agent and agree to act in this capacity, at the appointment as registered agent and agree to act in this capacity, at the provider and complete of any dulles, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address. In that the corporation has been notified in writing of this change.		
and the second	9-14-10		
7 78	Speature of Registered Agent Debt		
lf signing on b	exhalf of an entity:		
·····	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)