## P02000050990

(F	lequestor's Name)
	address)
· (F	ddress)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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SECRETARY OF STATE TALLAHASSEE, FLORIDS

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## COVER LETTER

Amendment Section Division of Corporations

SUBJECT:	Fitzgibbons Law Firm P.A.	
,	Name of Corporation	
DOCUMENT NUMBE	R:P02000050990	
The enclosed Statement	of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondent	ondence concerning this matter to the following:	
	Rogel Heming	
· -	Brass Tax: Firm/Company	
	1522 N. John Young Phwy Address J Phwy	
_	Kissimmee, FL 34741 City/State and Zip Code	
E-ma	ail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Roger	Fleming at (107) 816-1099 Contact Person Area Code & Daytime Telephone Number	
Uname of	Area Code & Daytime Telephone Numbe	1
Enclosed is a \$35.00 che	ck 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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Fitzgrobbons Jaw Fiem, P.A.
2. The principal office address: 1006 Verona Street
Kissimmee, FL 34741
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/9/202 Document number: Po2 60050990
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)
Maky F Tition bhoos:
1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
404 Broadway Hve
KISSIMMEL, FL 34741 == =
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Roger Fleming Jr. (Beass Tax) # = m
1522 N. John Goung Phive
P.O. Box (NOT acceptable)
Cissimmee, Fd 34741
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.
Marie The Home MANAGING ATTOLNEY
Signature of an altitor or director 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Circos Va Transta
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)