P05000122566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100242549701

12/10/12--01023--006 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 10 PM 2:57

R.A.

DEC 11 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

Corcoran Law Firm, P.A.

SUBJECT: _____
Name of Corporation

P05000122566

DOCUMENT NUMBER: _____

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:

Anne Corcoran
Name of Contact Person

Corcoran Law Firm, P.A.
Firm/Company

3152 Little Rd., Suite 173
Address

Trinity, FL 34655
City/State and Zip Code

anne@corcoranlawfirmpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Corcoran at (727) 247-3806
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)

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.*

Corcoran Law Firm, P.A.

1. The name of the corporation: 19009 Falcon Crest Blvd, Land O' Lakes, FL 34638

2. The principal office address: 3152 Little Rd., Suite 173, Trinity, FL 34655

3. The mailing address (if different): 9/6/05 P05000122566

4. Date of incorporation/qualification: _____ Document number: _____

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)

Anne Corcoran

3743 Herlong St.

New Port Richey, FL 34655

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 10 PM 2:57

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

Anne Corcoran

19009 Falcon Crest Blvd.

P.O. Box NOT acceptable

Land O' Lakes, FL 34638

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.

Anne Corcoran
Signature of an officer or director

Anne Corcoran, 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.

Anne Corcoran
Signature of Registered Agent

10/30/12
10/30/12 Date

If signing on behalf 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)