

393096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

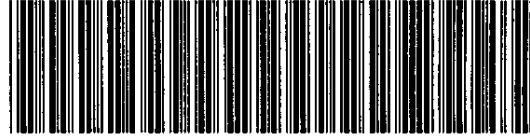
(Document Number)

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R. White

AUG 03 2016

R. WHITE

16 JUL 29 AM 11:29
STANDARD
TALLAHASSEE ALABAMA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2016

ROBIN STEFANOVICH
1311 EAST SEVENTH AVE
TALLAHASSEE, FL 32301

SUBJECT: PETER MITCHELL ASSOCIATES, INC.
Ref. Number: 393096

We have received your document for PETER MITCHELL ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 016A00015302

16 JUL 29 PM 4:23
TELETYPE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Peter Mitchell Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: 393096

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:

Robin Stefanovich
Name of Contact Person

Peter Mitchell Associates, Inc.
Firm/Company

1311 East Seventh Avenue
Address

Tallahassee, FL 32303
City/State and Zip Code

Stefanovich.Robin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Schmidt at (502) 584-1000
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**

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.

1. The name of the corporation: Peter Mitchell Associates, Inc.
2. The principal office address: 1311 East Seventh Avenue
Tallahassee, FL 32303
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/22/1971 Document number: 393096
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)

Barton R. Mitchell

1311 East Seventh Avenue

Tallahassee, FL 32303

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

Robin Stefanovich

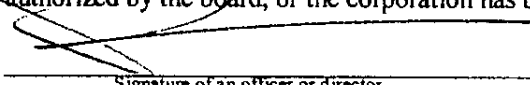
1311 East Seventh Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32303

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.


Signature of an officer or director

Robin Stefanovich, President
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

7-28-2016
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)