

600794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

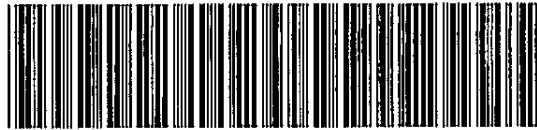
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04 JUN 25 PM 3:53  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

REMOVED  
04 JUN 25 PM 2:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RR  
6/25/04

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Reference:  
(Sub Account)

Date:

6/25/04

Requestor Name: Carlton Fields

Address: Post Office Drawer 190  
Tallahassee, Florida 32302

Telephone: (850) 224-1585

Contact Name: Kim Pullen, CLA (x5261)

Corporation Name:

Carlton Fields, P.A.

Entity Number:

600794

Authorization:

Kim Pullen

☐ Certified Copy

☐ New Filings

☐ Fictitious Name

☒ Plain Stamped Copy  
☒ Amendments

☐ Certificate of Status

☐ Annual Report

☐ Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

CF Internal Use Only

Client: Flem Matter: \_\_\_\_\_

Name: Joyce Bertubo Office: TPA

RECEIVED  
04 JUN 25 AM 10:51  
DEPT OF STATE  
RECEIVED  
CALLS  
DATE  
OFFICE  
ORIGIN

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: CARLTON FIELDS, P.A.
2. The mailing address of the corporation: PO BOX 3239; TAMPA, FL 33601-3239
3. Date of incorporation/qualification: 01/17/1969 Document number: 600794
4. The name and address of the current registered agent and office:  
SNOW, THOMAS A  
777 S HARBOUR ISLAND BLVD  
SUITE 500  
TAMPA, FL 33602
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)  
SNOW, THOMAS A  
CORPORATE CENTER THREE AT INTERNATIONAL PLAZA  
4221 W BOY SCOUT BOULEVARD, 10<sup>TH</sup> FLOOR  
TAMPA, FL 33607-5736

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.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

6-25-04  
(Date)

Ruth Barnes Kinsolving Secretary  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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 comp [etc] performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

[Signature]  
(Signature of Registered Agent)  
Thomas A. Snow

6-25-04  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA