604111

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(Auc	11033)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		1

Office Use Only



000051354210

04/28/05--01017--003 **35.00

FILED

05 APR 28 AM 9: 23

SECRETACIONS TAID

ALLAMAS CONTRACTOR

C. Coulliette MAY 0 5 2005

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MICHAEL P Charge PA (Name of corporation)		
DOCUMENT NUMBER: 604111		
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:		
M, chael P. Chase (Name of contact person)		
Michael P. Chase, PA (Firm/Company)		
800 VILLAGES 9 Vare CROSSING #118		
Palm Beach Garpers, Fl 33410 (City/state and zip code)		
For further information concerning this matter, please call:		
(Name of contact person) at (305) 9313418 (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 409 E. Gaines Street Tallahassee, FL 32399

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: Michael PCHASE, PA
2. The principal office address: 800 UILLAGE SQUARE CROSSING #1
Palm Beach Gardens FL 33410
3. The mailing address (if different):
4. Date of incorporation/qualification: 130 1973 Document number: 60411
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
michael Polyage
19930 NE 24 Me ES 3
mism! PU 33180
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael P Chase
(P.O. Box NOT acceptable) # 118 to
Palm Beach barbers, FL 33410
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.
Whited or typed name and title) Res (Signature of an officer or director) Michael P Charle Res (Signature of an officer or director)
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.
mm Char 4/25/05
(Signature of Registered Agent) (Signature of Registered Agent) (Dage)
(Typed or Printed Name)

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