# 628398

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## Arlene F. Austin, P.A.

ATTORNEY AT LAW

5811 Pelican Bay Boulevard Suite 201 Naples, Florida 34108 (239) 514-8211 Fax (239) 514-4618 afaustin@att.net

September 12, 2005

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Rodney E. Thralls, PA Our File No. 9929.1

#### Gentlemen:

Enclosed please find the following:

- 1. Change of Designation of Registered Agent
- 2. Check in the sum of \$35.00 for filing fees

Please file the Change of Designation of Registered Agent and change your records to reflect that Joyce A. Thralls is now the Registered Agent, sole Director, President, Secretary and Treasurer for Rodney E. Thralls, PA. The address for the LLC remains the same.

If you have any questions, please do not hesitate to contact me.

Arlene F. Austin

AFA:jf Encs.

### **COVER LETTER**

Division of Corporations
SUBJECT: Rodney E. Thralls, P.A. (Name of Corporation)
DOCUMENT NUMBER: 628398
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:
·
Arlene F. Austin (Name of Contact Person)
Arlene F. Austin, P.A.
(Firm/Company)
5811 Pelican Bay Blvd., Suite 201 (Address)
. (Address)
Naples, FL 34108
(City/State and Zip Code)
For further information concerning this matter, please call:
Arlene F. Austin ****(*239 ) 514-8211
Arlene F. Austin (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

TO:

Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ovisions of sections of e is submitted for a c o change its register	corporation orga	mized under	r the la	tws of ti	he State of _ F	lorida	
1. The name of the	corporation: Ro	iney E. Ti	nralls.	P. P	١			
2. The principal of Naples, I	fice address: 370 FL 34103					Coldwell	Banker, N	RT
3. The mailing add	lress (if different): FL 34102	590 Sprin	gline D	r <u>i</u> ve	<u> </u>			
4. Date of incorpor	ration/qualification:	07/01/19	79 Doc	ument	numbe	r: <u>628398</u>		
5. The name and si Florida Departm	treet address of the conent of State:	rrent registered	agent and r	egister	ed offic	e on file with	the	
	Rođ	ney E. Th	ralls				7/0 0	
	590	Springli	ne Driv	e			SECT	
-	Nap	les, FL 3	4102				SEP 20 SETARY ALLASSE	Π =
6. The name and state (if changed):	treet address of the n	•			nd/or re	egistered office	TOTA D	M D
-	<b>Јо</b> у	ce Adamo '	Thralls		<del></del> -		£ 23 52 € 23	
		Springli		e 				
		D. Box NOT acceptab						
	Nap	les, FL 3	4102					
The street address as changed will be	of its registered off e identical.	ice and the stree	et address o	f the b	ousiness	s office of its I	registered agent,	
=	authorized by resolution board, or the corpor							
Joyce (Signature	2. Ohralls of an officer of director)		_ Јоу	ce 1	Adamo	Thralls	Vice Pre	esident
I hereby accept th I further agree to of my duties, and document is being corporation has b	e appointment as re comply with the pro I am familiar with a filed merely to refl een notified in writi	gistered agent o visions of all stand accept the of ect a change in ng of this chang	and agree to atutes relati bligation of the register te.	o act in ive to i my po red offi	n this co the pro- position i ice add	apacity. oer and compl as registered o ress, I hereby	lete performance agent. Or, if this confirm that the	
Jame 6	Shraeen			09	della	ar		
(Sigma	ture of Registered Agent)		<del></del>		<del>*****</del> (	Date)		
If signing on beha	lf of an entity:							
(Тур	ed 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)

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