

633940

(Red	questor's Name)				
(Add	dress)				
,	,				
(Add	dress)				
(C:1	JOhnha Filia IDhana	- 40			
(City	y/State/Zip/Phone	<i>∓</i> #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to I	Filing Officer:				
					

Office Use Only



600248603916

06/21/13--01005--028 **35.00

13 JUN 21 PM 2: 20

JUN 2 5 2013

T. BROWN



TO: Amendment Section **Division of Corporations**

SUBJECT: Greenfelder, Mander, Murphy, Dwyer & Morris					
Name of Corporation					
DOCUMENT NUMBER: 633940					
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:					
David J. Murphy					
Name of Contact Person					
Greenfelder, Mander, Murphy, Dwyer & Morris					
Firm/Company					
14217 Third Street					
Address					
Dade City, Florida 33523-3828					
City/State and Zip Code					
DMurphy@greenfeldermander.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
David J. Murphy Name of Contact Person Name of Contact Person at (352) 567-0411 Area Code & Daytime Telephone Number					
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

statement of ch	provisions of sections 607 ange is submitted for a cor er to change its registered o	poration organize	d under the laws of	the State of FLORIDA	
1. The name of	the corporation: GREEN	NFELDER, MA	ANDER, MUR	PHY, DWYER 8	MORRIS, P.A.
2. The principal	l office address: 14217	THIRD STRE	ET, DADE CIT	Y, FLORIDA 3	3523
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 09)/01/1979	Document numb	er: 633940	
	d street address of the current artment of State: (If resigne		nt and registered off	ice on file with the	
	GLEN E. GREEN	FELDER			
	14217 THIRD STE	REET			
	DADE CITY, FLOR	RIDA 33523			<u> </u>
6. The name and (if changed):	d street address of the new	registered agent (i	if changed) and /or i	registered office	FILL ECRETARY ISHON OF C
	A.R. MANDER, III				PA NAPE
	14217 THIRD STE				ORAK ORAK
	DADE CITY, FLOR	P.O. Box NOT accor	eptable		710 kg
The street addr as changed will	ress of its registered office l be identical.	and the street add	lress of the business	s office of its register	ed agent,
Such change wanthorized by the	as authorized by resolution he board, or the corporation	n duly adopted by	its board of directord in writing of the	ors or by an officer so change.)
Mh	ender @		A.R. MANDER,	III, PRESIDEN	
I further agree performance of agent. Or, if th	t the appointment as regist to comply with the provisit for my duties, and I am familist document is being filed that the corporation has the little of the	ions of all statutes liar with and acce merely to reflect	gree to act in this co relative to the pro pt the obligation of a change in the reg	per and complete my position as regis istered office address e.	tered s, I
/ l ·	gnature of Registered Agent		[Date	
_	ehalf of an entity:				
	R, MANDER, MURPHY, Typed or Printed Name	DWYER & MORR	CIS, PA.		

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