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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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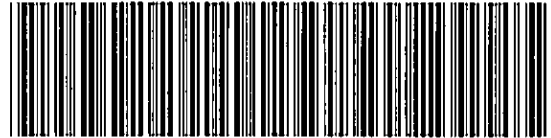
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 7 2019
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C. Jean Starkey, P.A.
Name of Corporation

DOCUMENT NUMBER: 667554

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:

Alexandra Von Bobinski
Name of Contact Person

C. Jean Starkey, P.A.
Firm/Company

275 Magnolia Ave. Ste #8
Address

Merritt Island FL 32952
City/State and Zip Code

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

For further information concerning this matter, please call:

Alexandra Von Bobinski at (321) 452-1910
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C. Jean Starkey, P.A.
2. The principal office address: 275 Magnolia Ave Ste #8
Merritt Island FL 32952
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/23/1980 Document number: 667554
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)

Carol Jean Starkey
275 Magnolia Ave Ste #8
Merritt Island FL 32952

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

Alexandra Van Bobinski

P.O. Box NOT acceptable

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.

Alexandra Van Bobinski
Signature of an officer or director

Alexandra Van Bobinski
Printed or typed name and title
President

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.

Alexandra Van Bobinski
Signature of Registered Agent

10/16/19
Date

If signing on behalf of an entity:

Alexandra Van Bobinski
Typed or Printed Name

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