## 771060

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## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: The Turnbull Professional Center, Inc.  Name of Corporation						
DOCUMENT NUMBER: 771060						
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:						
Sean Bogle						
Name of Contact Person						
Law Offices of Sean F. Bogle, P.A.						
Firm/Compa	any					
101 South New York Av						
Address						
WELL BUILDING						
Winter Park, Florida 32789  City/State and Zip Code Code Code Code Code Code Code Code						
• • • • • • • • • • • • • • • • • • •						
sean@boglelawfirm.com						
E-mail address: (to be used for future annual report notification)						
11.						
For further information concerning this matter, please call:						
Catherine Outlan a	+( 407 ) 834-3311					
Name of Contact Person	t ( 407 ) 834-3311 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address:	Street Address:					
Amendment Section	Amendment Section					
Division of Corporations P.O. Box 6327	Division of Corporations					
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle					
Tantanassee, I'L 32314	Tallahassee FI 32301					

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

statement of chair	provisions of sections 60 nge is submitted for a co r to change its registered	orporation organize	ed under the laws of	the State of _	FLORIDA
1. The name of t	he corporation:	THE TURNBUL	L PROFESSIONAL	CENTER, 1	HC,
2. The principal	office address:	101 500	TH MEW YORK	AUE. #	205
3. The mailing ac	ddress (if different):		····	<del></del>	
4. Date of incorp	oration/qualification:		Document numb	er: 77	7/060
	street address of the cur trnent of State: (If resign			ice on file with	h the
	Sean F. Bogle, Es	quire			TAS O
	706 Turnbull Aven Altamonte Springs	ue, Suite 203			9 AU ECRE
	Altamonte Springs	, FL <b>32</b> 701	v.1035		FIL 6-7 HASSI
6. The name and (if changed):	street address of the nev	w registered agent (	if changed) and /or r	registered offi	PH 2: 06
	101 South New Yo	ork Avenue, Sui	te 205		
		P.O. Box NOT a	ceptable		
	Winter Park, Florid	a 32789			
The street addre	ss of its registered offic be identical.	e and the street ad	dress of the busines	ss office of its	registered agent,
Such change wa authorized by th	s authorized by resolute e board, or the corpora	ion duly adopted b tion has been notif	y its board of directied in writing of the	tors or by an e change.	officer so
Signatu	of an officer or director	<del> </del>	SEAU Bob Printed or t	VE Pro	ESIDENIT le
I hereby accept a further agree to further agree to of my duties, and document is being corporation has	the appointment as reg o comply with the prov. d I am familiar with an ng filed merely to reflec been notified in writing	istered agent and a isions of all statute d accept the oblige tt a change in the i g of this change.	agree to act in this of act in this of a relative to the production of my position registered office add	capacity oper and com as registered dress, I hereb	plete performance l agent. Or, if this y confirm that the
	12	<i></i>	JUL	Y 20, 20	v 9
	nature of Registered Agent			Date	
If signing on bel					
	Printed Name				

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