F04000003926

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Sta	tus	
Special Instructions to Filing Officer:		
·		
Certified Copies Certificates of Star	tus	

Office Use Only



800281967258

02/16/16--01017--024 **35.00

16 FEB | 6 AH | 10:58

SECRETARY OF STATES.

FEB 1 7 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mark L. Yeager, P.C.

Name of Corporation

DOCUMENT NUMBER: F04000003926

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:

Rita Groark

Name of Contact Person

McDermott Will & Emery LLP

Firm/Company

227 W. Monroe Street

Address

Chicago, IL 60606

City/State and Zip Code

rgroark@mwe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rita Groark

,312 \984-64

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

-		02, 607.1508, or 617.1508, Florida nized under the laws of the State o		
		tered agent, or both, in the State of	f Florida.	
1. The name of the corporation:	Mark L. Yeager, F	P.C.		
2. The principal office address:	3011 Laurel Ridge	e Ct., Delray Beach, FL	33446	
3. The mailing address (if different	ent):			
4. Date of incorporation/qualific	7/7/2004	Document number: F040	00003926	
5. The name and street address of Florida Department of State: (agent and registered office on file ed)	with the	
Ira J. Coler	nan			
333 Avenue	e of the Americas	, 4500	- 16 F	ISIAIO
Miami, FL	33131-4336		FEB I	JOHN JISHAID
6. The name and street address o (if changed):	f the new registered age	ent (if changed) and /or registered of	ູບາ	008F03
Mark L. Ye	ager	=	_ ហ	212 277
8011 Laure	l Ridge Ct.		œ	
Delray Bea	P.O. Box NOT ch, FL 33446	T acceptable	_	
The street address of its register as changed will be identical.	ed office and the street	address of the business office of	its registered agent,	,
Such change was authorized by authorized by the board, or the	resolution duly adopted corporation has been no	d by its board of directors or by a stified in writing of the change.	n officer so	
M		Mark L. Yeager, Presid		
I hereby accept the appointment I further agree to comply with the performance of my duties, and agent. Or, if this document is be hereby confirm that the corpora	t as registered agent an he provisions of all stat f am familiar with and c	Printed or typed name and agree to act in this capacity, tutes relative to the proper and caccept the obligation of my positilect a change in the registered off in writing of this change.	omplete on as registered	
\mathcal{N}_{χ}		2/3/16 Date		
Signature of Registered A If signing on behalf of an entity		/ / Date		
	•			
Mark L. Yeager Typed or Printed Name				
	* * * FILING FE	EE: \$35.00 * * *		

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)