

F06000003390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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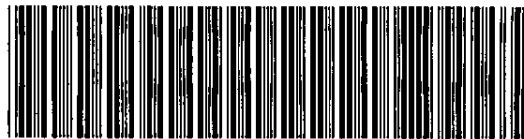
(Business Entity Name)

(Document Number)

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T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARLSON + CARLSON ATTORNEYS PC
Name of Corporation

DOCUMENT NUMBER: F 06000003390

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:

STEVEN ALLAN CARLSON
Name of Contact Person

CARLSON + CARLSON ATTORNEYS PC
Firm/Company

PO BOX 4970
Address

KEY WEST FL 33041
City/State and Zip Code

carlsonpc@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN CARLSON at (239) 395-9500
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 ILLINOIS in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CARLSON + CARLSON ATTORNEYS PC
2. The principal office address: 1024 SOUTHARD
KEY WEST, FL
3. The mailing address (if different): PO BOX 4970
KEY WEST, FL 33041-4970
4. Date of incorporation/qualification: 05/03/2006 Document number: F06000003390
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)

STEVEN ALLAN CARLSON
15000 BINDER DR.
CAPTIVA FL 33924

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

STEVEN ALLAN CARLSON
1024 SOUTHARD
P.O. Box NOT acceptable
KEY WEST FL 33040

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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.

Steven Allan Carlson, DIRECTOR
Signature of an officer or director

STEVEN ALLAN CARLSON
Steven Allan Carlson DIRECTOR
Printed or typed name and title

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.

Steven Allan Carlson
Signature of Registered Agent

22 NOV 14
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314