
F060000	3717
(Requestor's Name) (Address)	100334959371
(Address) (City/State/Žip/Phone #)	10/11/1901015022 **35.00
(Business Entity Name)	
(Document Number) ertified Copies Certificates of Status	. 2
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PYA, P.C.

Name of Corporation

DOCUMENT NUMBER: F06000003717

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:

Martin D. Brown Name of Contact Person PYA, P.C. Firm/Company 2220 Sutherland Avenue Address Knoxville, TN 37919 City/State and Zip Code mbrown@pyapc.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin D. Brown

Name of Contact Person

at (865) 684-2711 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

CR2E045 (03/12)

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 Tennessee __________ in order to change its registered office or registered agent, or both, in the State of Florida.

1	The name of the corporation:	P	Y	Α.	Ρ.	С	••
1.	I he name of the cornoration:			,		_	

2. The principal office address:	3000	Bayport	Drive,	Suite	860
Tampa, FL 33607					

3. The mailing address (if different):_

4. Date of incorporation/qualification: December 1983 Document number: F06000003717

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)

3000 Bayport Drive, Suite 860

Tampa, FL 33607

Terry Haefner

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

Angela Caldwell

3000 Bayport Drive, Suite 860

P.O. Box NOT acceptable

Tampa, FL 33607

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.

Printed or typed name and title gnature of an officer or directo

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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.

Signature of Registered Agent

_____A

If signing on behalf of an entity:

Angela Calowell 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 CR2E045 (03/12)