

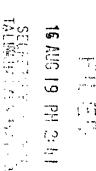
(D.		
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(B)	usiness Entity Nar	ne)
(Di	asiness Littly Har	ne)
		·
(DX	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	
<u> </u>		

Office Use Only



800289171388

08/19/16--01010--004 \*\*35.00





R. White

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Dickenson, Rex & Sloan, PA
Name of Corporation
DOCUMENT NUMBER: F74129
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:
Barbara A. Sloan, Esq.
Name of Contact Person
Dislaman Day & Glass DA
Dickenson, Rex & Sloan, PA Firm/Company
250 NU /th Diagonal
250 NW 4th Diagonal Address
/ touress
Boca Raton, FL 33432
City/State and Zip Code
bas@dmrslaw.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barbara A. Sloan, Esq. at (561) 391–1900  Name of Contact Person Area Code & Daytime Telephone Number
code de dayanne i dispinane i disp
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section  Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Dickenson, Rex & Sloan, PA	
2. The principal	office address: 250 N.W. 4th Diagonal, Boca Raton, FL 33432	
3. The mailing a	address (if different): 250 N.W. 4th Diagonal, Boca Raton, FL 33432	
4. Date of incor	poration/qualification: 1982 Document number: F74129	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	David B. Dickenson	
	150 E. Palmetto Park Road, Ste 500	
	Boca Raton, FL 33432	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	David B. Dickenson	
	250 N.W. 4th Diagonal	
	P.O. Box NOT acceptable  Boca Raton, FL 33432	
	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wauthorized by t	n change was authorized by resolution duly adopted by its board of directors or by an officer so orized by the board, or the corporation has been notified in writing of the change.	
	DAVID B. DICKENSON Pres  Printed or typed name and title	
I further agree performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my daties, and I am familiar with and accept the obligation of my position as registered is a change in the registered office address. I that the corporation has been notified in writing of this change.	
Sig	ngture of Registered Agent Date	
If signing on be	chalf of an entity:	
DAVID B	- DICKENSON / vped or Printed Name	

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