F96901

(F	Requestor's Name)	
<u>(A</u>	Address)	
(A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Amendment S Division of Co	ection orporations	
SUBJECT: P.A.F	P. OF OCALA, INC. Name of C	orporation
DOCUMENT NUME	BER: F96901	
The enclosed Statemer	nt of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all corres	spondence concerning this matter	to the following:
	Raul Carreras, Jr.	· · ·
	Name of Cor	ntact Person
	Bond, Arnett, Phelan, S	mith & Craggs, P.A.
_	Firm/Co	empany
· 	P.O. Box 2405	
	Add	ress
	Ocala, Flörida 34478	
	City/State an	d Zip Code
	raulcarr@bap-law.com	
E-1	mail address: (to be used for for	uture annual report notification)
For further information	n concerning this matter, please c	all:
Raul Carrera	•	at (352) 622-1188
Name o	of Contact Person	at (352) 622-1188 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 c	heck made payable to the Depart	ment 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

statement of change is submitted f	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of <u>Florida</u> gistered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation:	P.A.P. OF OCALA, INC. 1020 S.W. 6th Avenue		
2. The principal office address:	Ocala, Florida 34471		
3. The mailing address (if differen	t):		
4. Date of incorporation/qualificat	ion: 8/25/1982 Document number: F96901		
5. The name and street address of Florida Department of State: (If	the current registered agent and registered office on file with the resigned, enter resigned)		
JOHN W, A	RNEIT		
101 S.W.	3rd Street		
. Ocala, Fl	orida 34471		
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office		
RAUL CARR	ERAS, JR.		
101 S.W.	3rd Street		
Ocala, Fl	P.O. Box NOT acceptable orida 34471		
The street address of its registere as changed will be identical.	ed office and the street address of the business office of its registered agent,		
Such change was authorized by rauthorized by the board, or the co	resolution duly adopted by its board of directors or by an officer so or		
Joseph D. Me	Soseph D. Galvin (Pres.		
d Mouthau agusa ta agus shi with th.	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the writing of this change.		
Carl County	JUPE 10 2009		
If signing on behalf of an entity:	jent Date		
Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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