## G-02098

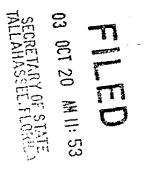
(Requestor's Name)				
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## TRANSMITTAL LETTER

r'	TO: Amendment Section Division of Corporations		
SUBJECT: Bill Hoppe, P.A. (Name of corporation)			
	DOCUMENT NUMBER: G02098		
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:		
	Bill Hoppe		
(Name of person)			
	Bill Hoppe, P.A. (Name of firm/company)		
	(Name of firm/company)		
2313 NW Road (Address)			
	Gainesville, FL 32607		
	(City/state and zip code)		
	For further information concerning this matter, please call:		
	Dianne Purifoy at ( 305 ) 358-9060		
	Dianne Purifoy at (305) 358-9060 (Name of person) (Area code & daytime telephone number)		
	The state of the s		
	Enclosed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Street Address: Amendment Section Amendment Section		
	Division of Corporations P.O. Box 6327  Division of Corporations 409 E. Gaines Street		
	P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399		

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

*Pursuant to th	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute.	s, this statement of
change is sub	mitted for a corporation organized under the laws of the State of Florida	in order
to change its	registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: Bill Hoppe, P.A.	
2. The princip	pal office address: 2313 NW 7th Road	e comment
	Gainesville, FL 32607	<del></del> .
3. The mailing	g address (if different):	
		国 m
4. Date of inco	orporation/qualification: 10/01/82 Document number: G02098	H 07
	and street address of the current registered agent and registered office on file with the partment of State:	20 M
	Ellsworth William Hoppe	OF STATE
	66 W. Flagler Street 2nd Floor	
	Miami, FL 33130	
6. The name a (if changed)	and street address of the new registered agent (if changed) and /or registered office ):	
	2313 NW Road	
	(P.O. Box or personal mailbox NOT acceptable)	
	Gainesville, FL 32607	
The street add	dress of its registered office and the street address of the business office of its regis be identical.	tered agent, as
Such change the board, or	was authorized by resolution duly adopted by its board of directors or by an office the corporation has been notified in writing of the change.	r so authorized by
alku	(Signature of an officer of director)  Ellsworth William Hoppe, Properties of the control of typed manic and typed m	esident
I hereby accept further agre- duties, and I de being filed me been notified.	pt the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and complete is a familiar with and accept the obligation of my position as registered agent. Or, prely to reflect a change in the registered office address, I hereby confirm that the in writing of this change.	performance of my if this document is Torporation has
Allsi	(Signature of Registered Agent) (Date)	
If signing on l	behalf of an entity: BILL HOPRE PA-	
EUSWOR	THE WILLIAM HOPAG - RESIDEN (Typed or Printed Name) (Capacity)	//

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