G05801

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COVER LETTER

TO:	Amend Division	ment Sect n of Corp	ion oration	าร					
SUBJE	CT:	Michae	1 K.	Walker	& A (Nai	associate me of Corpo	s, In ration))c	
DOCU	MENT !	NUMBE	R:	G05861					
The enc	losed St	atement o	of Chai	nge of Reg	istere	ed Office/Ag	ent and	d fee are submitted for filing	g.
Please r	return all	l correspo	ndence	e concerni	ng thi	is matter to t	he folk	owing:	
				Michae!	l K.	Walker			
					Nam	e of Contact	Person	n)	
				Michael				sociates, Inc.	
				•	(1	Firm/Compa	iny)		
				1793 Ma	ango			_	
						(Address))		
						FL 34234 State and Zi			
For first	her info	rmation c	ancern		` •	please call:	p Couc	e)	
roi iuic	nci nuo	imation v	MICCI II	mig tims me	, itici,	picase carr.			
Mic	hael I	Name of	er Conta	ct Person)		at	(94 (Are	1) 365-3301 ca Code & Daytime Telepho	ne Number
	`	(IValife OI	Conta	ot r cison)			(ruc	a code & Daytime Telepho	ine realition)
Enclose	d is a \$3	35.00 chec	k mad	le payable	to the	Departmen	t of Sta	ate.	
		Ŋ	<u> 1ailing</u> Imend	Address: Iment Sec	tion		<u> </u>	Street Address: Amendment Section	
		· I	Divisio	on of Corp		ions	Ι	Division of Corporations	
				ox 6327				Clifton Building	_
		7	allaha	assee, FL	3231	14		2661 Executive Center Cir Callahassee, FL 32301	rcle

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

in order to change its regist	tered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	Michael K. Walker & Assoc: Inc.
2. The principal office address:	1793 Mango Av. Sarasota, FL 34234
3. The mailing address (if different):	N/A
4. Date of incorporation/qualification	n: 10/25/1982 Document number: G05861
5. The name and street address of the Florida Department of State:	e current registered agent and registered office on file with the
	All Florida Firms, Inc.
	465 S. Volusia Ave., Suite C
	Orange City, FL 32763
6. The name and street address of the	9 3
(if changed):	e new registered agent (if changed) and /or registered office
(if changed):	Michael K. Walker 1732 Loma Linda St.
(if changed):	Michael K. Walker 1732 Loma Linda St. (P.O. Box NOT acceptable)
(if changed):	Michael K. Walker 1732 Loma Linda St. (P.O. Box NOT acceptable) Sarasota, FL 34234 office and the street address of the business office of its registered agent,
(if changed): The street address of its registered of as changed will be identical.	Michael K. Walker 1732 Loma Linda St. (P.O. Box NOT acceptable) Sarasota, FL 34234
The street address of its registered of as changed will be identical. Such change was authorized by reseauthorized by the board, or the corp	Michael K. Walker 1732 Loma Linda St. (P.O. Box NOT acceptable) Sarasota, FL 34234 office and the street address of the business office of its registered agent, olution duly adopted by its board of directors or by an officer so coration has been notified in writing of the change. Michael K. Walker, President
The street address of its registered of as changed will be identical. Such change was authorized by reseauthorized by the board, or the corp	Michael K. Walker 1732 Loma Linda St. (P.O. Box NOT acceptable) Sarasota, FL 34234 office and the street address of the business office of its registered agent, olution duly adopted by its board of directors or by an officer so boration has been notified in writing of the change. Michael K. Walker, President
The street address of its registered of as changed will be identical. Such change was authorized by reseauthorized by the board, or the corp	Michael K. Walker 1732 Loma Linda St. (P.O. Box NOT acceptable) Sarasota, FL 34234 office and the street address of the business office of its registered agent, obtained and the street address of the business office of its registered agent, obtained in writing of the change. Michael K. Walker, President (Printed or typed name and title) registered agent and agree to act in this capacity. revolutions of all statutes relative to the proper and complete performance in and accept the obligation of my position as registered agent. Or, if this effect a change in the registered office address, I hereby confirm that the liting of this change.

* * * 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 (8/05)