H48475

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RIA Change AMISLOS

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Smith & Fuller, P.A. (Name of corporation)
DOC	UMENT NUMBER: H48475
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
_	
Pat	ricia F. Todd (Name of person)
	(Name of person)
Smi	th & Fuller, P.A.
	(Name of firm/company)
455	N. Indian Rocks Rd., Suite A (Address)
	(Address)
Be1	leair Bluffs, FL 33770
	(City/state and zip code)
For fu	orther information concerning this matter, please call:
Pa	tricia F. Todd at (813) 252-5256 (Name of person) (Area code & daytime telephone number)
	(Name of person) (Area code & daytime telephone number)
Enclo	sed is a \$35.00 check made payable to the Department of State.
Amen Divisi P.O. I	ng Address: Idment Section Idment Se

*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 Florida in order to change its registered office or registered agent, or both, in the State		
of Florida.	ange is required office of registered agent, or boin, in the state	
1. The name of the corporation:	Smith & Fuller, P.A.	
2. The principal office address:	455 N. Indian Rocks Rd., Suite A	
	Belleair Bluffs, FL 33770	
3. The mailing address (if different):		
4. Date of incorporation/qualification	n: 3/21/85 Document number: H48475	
5. The name and street address of the Florida Department of State:	e current registered agent and registered office on file with the	
Hugh N. Smith		
101 E. Kennedy Blvd.,	Suite 1800.	
Tampa, FL 33602	- · · · · · · · · · · · · · · · · · · ·	
changed): Hugh N. Smit	the new registered agent (if changed) and /or registered office (if hanged) and /or registered office (if ha	
(P	O. Box or personal mailbox NOT acceptable)	
Belleair Blu	ffs, FL 33770	
The street address of its registered cagent, as changed will be identical.	office and the street address of the business office of its registered	
A// //	olution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change. Diana L. Fuller. President (Printed or typed name and title)	
I hereby accept the appointment as I further agree to comply with the p	registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as ent is being filed merely to reflect a change in the registered t the corporation has been notified in writing of this change. (Date)	
	(Date)	
If signing on behalf of an entity:		
(Typed or Printed Name)	(Canacity)	

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