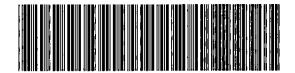
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SECRETARY OF STATE STATE

RARD (Chs)

COVER LETTER

•			•
TO: Amendment Division of	nt Section Corporations		
2			
SUBJECT:	Moore Stephen	s Lovelace, P.A.	
	Name o	of Corporation	
DOCUMENT NU	MBER:	J24429	
The enclosed States	ment of Change of Registered O	ffice/Agent and fee are submi	itted for filing.
Please return all con	rrespondence concerning this ma	atter to the following:	
_	Micha Micha	elle Murphy	
	Name of	Contact Person	
	Moore Stenh	ens Lovelace, P.A.	
		1/Company	
	1201 S. Orland	lo Avenue, Suite 400	
		Address	······
	Winter P	ark, FL 32789	
	City/Stat	te and Zip Code	
	mmurphy	@mslcpa.com	
	E-mail address: (to be used for		fication)
For further informa	tion concerning this matter, plea	ase call:	
1	Michelle Murphy	at (740-5400 ime Telephone Number
Nan	ne of Contact Person	Area Code & Dayt	ime Telephone Number
Enclosed is a \$35.0	0 check made payable to the De	partment of State.	
	Mailing Address:	Street Address	<u>:</u>
	Amendment Section	Amendment S	
	Division of Corporations P.O. Box 6327	s Division of Co Clifton Buildi	-
	F.O. DOX 0327	Cinton Bullar	ng_

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

Tallahassee, FL 32314

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

.	- v		607.1508, or 617.1508, Flori	
			d under the laws of the State d agent, or both, in the State	
ü				-
	the corporation: Moore			
2. The principal	office address: 1201 S.	Orlando Aven	ue, Suite 400, Winter P	ark, FL 32789
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	7/17/1986	Document number:	J24429
	d street address of the curre rtment of State: (If resigne	~ ~	nt and registered office on file	e with the
	Dempsey, Bernard	H. Jr.		
	1560 Orange Avenu	ue, Suite 200		
	Winter Park, FL 327	'89		
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registered	TOFFICE ILL AMIN: 52
	B&C Corporate Ser	vices of Centra	al Florida, Inc.	
	390 North Orange A	venue, Suite	1400	S OR AT
	0.1	P.O. Box NOT ac	ceptable	. 53 1098
	Orlando, FL 32801			
The street addr as changed wil	ess of its registered office I be identical.	and the street ad	dress of the business office	of its registered agent,
Such change w authorized by t	as authorized by resolution he brand, or the corporation	on duly adopted bon has been notif	y its board of directors or by ied in writing of the change	y an officer so
Signati	pe of an officer or director		William Miller Jr.	, President
I hereby accept I further agree of my auties, an document is be corporation ha	t the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and o ions of all statute accept the obliga a change in the r of this change.	agree to act in this capacity, is relative to the proper and ition of my position as regis egistered office address, I h	complete performance tered agent. Or, if this vereby confirm that the
By: 17/5	gnature of Registered Agent	ikat	/2//2/1/ Date	
	ehalf of an entity:			
DOUGLAS	STAREHER	_		
7	Typed or Printed Name			

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