526623

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

Division of Co	orporations			
_{SUBJECT:} David A	A. Sapp, P.A. (Name of Co	propration)		
	(Mano or or	, potation,		
DOCUMENT NUMI	3ER: J26623			
The enclosed Statemen	nt of Change of Registered Office	Agent and fee are submitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
Da	vid A. Sapp			
	(Name of Con	tact Person)		
David A. Sapp, P.A. (Firm/Company)				
	(FIIII/Co	mpany)		
801	E Conventos Street Suite E			
801 E. Cervantes Street, Suite B (Address)				
Pen	sacola, Florida 32501			
	(City/State and	d Zip Code)		
For further information	n concerning this matter, please ca	all:		
David A. Sapp		at (850) 475-0500		
(Name	of Contact Person)	at (850) 475-0500 (Area Code & Daytime Telephone Number)		
England in a \$25.00 a	haale was da wassahla ta tha Dawast	and of State		
Enclosed is a \$35.00 c	heck made payable to the Departs	ment of State.		
	Mailing Address.	Street Address		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

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

	- ·	617.0502, 607.1508, or 617.1508, Florida Statutes, this or organized under the laws of the State of Florida
•		or registered agent, or both, in the State of Florida.
1. The name of	the corporation: David A. Sapp, F	P.A.
2. The principal	l office address: 801 E. Cervantes	Street, Suite B
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 7/31/86	Document number: J26623
	d street address of the current regi rtment of State:	stered agent and registered office on file with the
	David A. Sapp	_
	4457 Bayou Boulevard	SECTALL
	Pensacola, Florida 32503	ALAS ALAS
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office FLORIDATE 5
	David A. Sapp	ORID ORID
	801 E. Cervantes Street,	
	(P.O. Box NOT	acceptable)
	Pensacola, Florida 32501	
The street addre	ess of its registered office and the identical.	e street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Pigneti	ure of an officer or director)	David A. Sapp, Managing Member
I hereby accept I further agree to of my duties, an	the appointment as registered a to comply with the provisions of ad I am familiar with and accept	(Printed or typed name and title) gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
	All and	7/5/06
(Sig	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
	Typed or Printed Name)	dest

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