

| (Re | equestor's Name) | |
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| (Ad | ddress) | |
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| (Ci | ty/State/Zip/Phone | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| O: Amendment Section Division of Corporations | 1/19/05 |
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| SUBJECT: SEE ATTACHED LIST (Name of corporation) | · |
| DOCUMENT NUMBER: | <u> </u> |
| 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: | |
| JOAN ABRAMOUTTZ (Name of contact person) | _ |
| JAMEI A HARTMAN, | P. A. |
| F. O. Box 940928 (Address) | |
| MAITLAND FC 327 (City/state and zip code) | 94-0929 |
| For further information concerning this matter, please call: | |
| JOAN ABRAMO WITZ at (352 (Name of contact person) (Area code. | 326-5818' & daytime telephone number) |
| Finchesed is a \$35,00 check made navable to the Denartment of State | |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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. |
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| 1. The name of the corporation: JAMES A. HARTMAN, P.A. |
| 2. The principal office address: 9435 SILVER LAKE DRIVE LESSURG FL 34788 |
| 3. The mailing address (if different): PO BOX 940 929 |
| MAITLAND FL 32794-0979 |
| 4. Date of incorporation/qualification: 9117187 Document number: J93404 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| JAMES A. HARTMAN ZES & |
| 9439 FOREST CITY COVE SUITE 3 EN P |
| ALTAMONTE SPRINGS FL 32714 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| JAMES A HARTMAN |
| 9435 SILVER LAVE DRIVE (P.O. Box NOT acceptable) |
| LEES BURG - FL 34788 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| (Figure of an officer or director) James A Hartman, Paes. (Printed or typed name and title) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent. Or, if this accument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 12-22-04 |
| (Signature of Registered Agent) (Date) |
| If signing do behalf of an entity: |
| Janes A HARTONAN CA. (Typed or Printed Name) |

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