

L 92895

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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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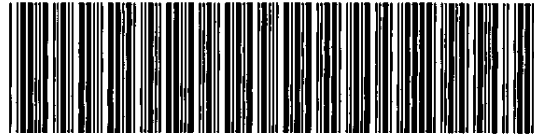
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07 MAY 16 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Change*

G. Gouletto MAY 21 2007

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PLEASE REPLY TO CLEARWATER

FILE NO.

May 14, 2007

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

Re: Mitocon, Inc.

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced corporation together with a check in the amount of \$35.00 to cover the cost of filing.

If you have any questions, please feel free to contact me.

Sincerely,

JOHNSON, POPE, BOKOR,  
RUPPEL & BURNS, LLP



Raina M. Sullivan  
Administrative Assistant

#404957 v1 - MitoconLtr.DivisionofCorporation/rms

CLEARWATER OFFICE  
911 CHESTNUT ST  
POST OFFICE BOX 1368 (ZIP 33757-1368)  
CLEARWATER, FLORIDA 33756  
TELEPHONE (727) 461-1818  
TELECOPIER (727) 462-0365  
TELECOPIER (727) 441-8617

TAMPA OFFICE  
403 EAST MADISON ST.  
SUITE 400  
POST OFFICE BOX 1100 (ZIP 33601-1100)  
TAMPA, FLORIDA 33602  
TELEPHONE (813) 225-2500  
TELECOPIER (813) 223-7118

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MITOCON, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** L92895

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:

Betty DeBauche

(Name of Contact Person)

Mitocon Inc

(Firm/Company)

1170 Fairway Dr

(Address)

Dunedin, FL 34698

(City/State and Zip Code)

For further information concerning this matter, please call:

Betty DeBauche

(Name of Contact Person)

at ( 727 ) 733-7012

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

*Pursuant to the provisions of sections 607.0502, 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.*

1. The name of the corporation: Mitocon, Inc.
2. The principal office address: 1170 Fairway Drive, Dunedin, Florida 34698
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/14/1990 Document number: L92895
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: \_\_\_\_\_

ROGER A. LARSON

911 CHESTNUT STREET

CLEARWATER, FLORIDA 33756

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Betty M DeBauche  
1170 Fairway Dr  
Dunedin, FL 33702  
(P.O. Box NOT acceptable)

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.

Betty M DeBauche      Betty M DeBauche, President  
(Signature of an officer or director)      (Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in the 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 document 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.*

Betty M DeBauche      4-29-07  
(Signature of Registered Agent)      (Date)

If signing on behalf of an entity:

Betty M DeBauche  
(Typed or Printed Name)

\*\*\*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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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