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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Arseraet Law Offices, P.A.  Name of Corporation
DOCUMENT NUMBER: MAYLOTLO
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:
Kenneth Gr. Arserault, Jr. Name of Contact Person
drseroult Law Offices, P.A. Firm/Company
19535 Goulf Blvd., Ste. E Address
Indian Shores, FL 33785 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenneth Gr. Arsenault, Jr. at (727) 584-1199  Name of Contact Person 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  Street Address:  Amendment Section  Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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.
1. The name of the corporation: Arsenault Law Offices, P.A.
2. The principal office address: 19535 Gulf Blvd., Ste. E
Indian Shares, FL 33785
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/17/1988 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Kenneth G. Arsenault, Jr.
10225 Ulmerton Road, Ste. 2
Largo, FL 33771
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kenneth Gr. Arsenault, Jr.
P.O. Box NOT acceptable
Indian Shores, FL 33785
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.
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 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 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.
7/20/16
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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