

No 5000012318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

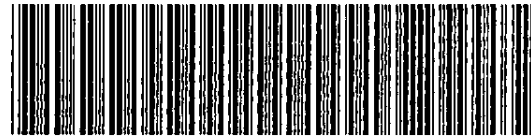
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

04/25/11--01034--007 **35.00

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2011 APR 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
4/28/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VETERANS PROFESSIONAL CENTER OWNER'S ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N05000012318

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:

Robert J. Wood, President
Name of Contact Person

VETERANS PROFESSIONAL CENTER OWNER'S ASSOCIATION, INC
Firm/Company

6928 W Linebaugh Ave, Ste 101
Address

Tampa, FL 33625
City/State and Zip Code

jane.wood@jw-cole.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J. Wood at (813) 935-6776
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
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, 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.

1. The name of the corporation: VETERANS PROFESSIONAL CENTER OWNER'S ASSOCIATION, INC

2. The principal office address: 6928 W Linebaugh Ave, Ste 101. Tampa, FL 33625

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/5/2005 Document number: N05000012318

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)

Byron B. Howell

18936 N. Dale Mabry Hwy

Lutz, FL 33548

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

Robert J. Wood

6928 W Linebaugh Ave, Ste 101

P.O. Box NOT acceptable

Tampa, FL 33625

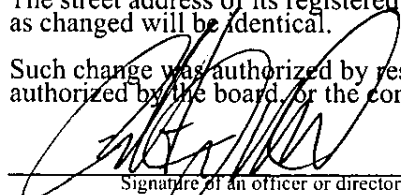
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

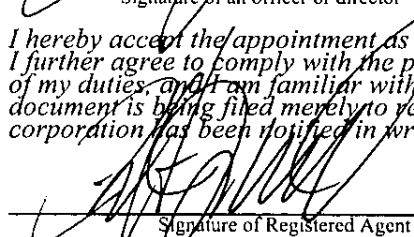


Signature of an officer or director

Robert J. Wood

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.



Signature of Registered Agent

4/20/2011

Date

If signing on behalf of an entity:

Robert J. Wood

Typed or Printed Name

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