PD0000019299

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	JL.
(Business Entity Name)	
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SECRETARY OF STATE

RO Change T. Lewis 4/10/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Change of Address - Karen B Lopez P. F.
DOCUMENT NUMBER: 10000019299
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:
Karen Lapez (Name of person)
(Name of firm/company)
2461 Ist Are North (Address)
St. Petersburg 71 33713 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (727) 896-3344 (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 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.150	08, Florida Statutes,
this statement o	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.		至8
1. The name of	the corporation: KACEN B. Luper, P.A.	一直 第一
2. The principal	office address: 2461 1st Ava North	一 這一 占 「
	St Petersburg, 71 37713	李宝 宝
3 The mailing a	address (if different):	200
0. 1		E-1 13
4. Date of incor	poration/qualification:	P00000019299
	d street address of the current registered agent and registered office or rtment of State:	on file with the
	Karen Lopez	
	150 2nd Are N swite 1500	
	St Petersburg FT 33701	
6. The name an changed):	nd street address of the new registered agent (if changed) and /or KA(❖	registered office (if
	2461 151 Ave N (P.O. Box or personal mailbox NOT acceptable)	
	St Petersburg Fl 33713	
_	ess of its registered office and the street address of the business off ed will be identical.	
, Table 1	as authorized by resolution duly adopted by its board of directors on the board, or the corporation has been notified in writing of the characteristics.	•
(Signature of an officer	r, chairman or vice chairman of the board) (Printed or typed name and till	le)
I hereby accept I further agree performance of registered agen office address,	t the appointment as registered agent and agree to act in this capat to comply with the provisions of all statutes relative to the proper f my duties, and I am familiar with and accept the obligation of my nt. Or, if this document is being filed merely to reflect a change in I hereby confirm that the corporation has been notified in writing	city. and complete position as the registered of this change.
Jan	Signature of Registered Agent) (Date)	
If signing on behal		
- T.	Lopee Printed Name) Capacity)	pistered agent
(Typed or Printed Name) (Capacity)	<u> </u>

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