

P0000 0027636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

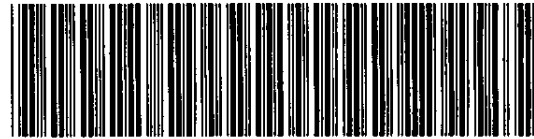
(Business Entity Name)

(Document Number)

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brush & Coyle, P.A.
Name of Corporation

DOCUMENT NUMBER: P00000027636

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 M. Brush
Name of Contact Person

Brush & Coyle, P.A.
Firm/Company

825 E. Main Street
Address

Lakeland, Florida 33801-5151
City/State and Zip Code

bob@brushcoyle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert M. Brush at (863) 603-0563
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**

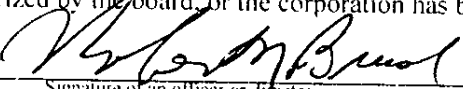
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Brush & Coyle, P.A.
2. The principal office address: 825 E. Main Street
Lakeland, Florida 33801-5151
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/27/2013 Document number: P00000027636
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)
Capital Connection, Inc.
417 E. Virginia Street, Suite 1
Tallahassee, Florida 32302
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Louise W. Spivey, Esquire
225 E. Lemon Street, Suite 300
P.O. Box NOT acceptable
Lakeland, Florida 33801

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17 SEP 14 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 the 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 M. Brush

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

Sept. 8, 2017
Date

If signing on behalf of an entity:

Louise W. Spivey

Typed or Printed Name

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