## P000000 355908

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	

Office Use Only



100106321221

07/20/07-+01045--001 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: O'Malley Real Estate, Inc. (Name of Corporation) DOCUMENT NUMBER: P00000035908 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: John Joseph O'Malley (Name of Contact Person) O'Malley Real Estate, Inc. (Firm/Company) 645 Mayport Road, Suite 1 (Address) Atlantic Beach, FL 32233 (City/State and Zip Code) For further information concerning this matter, please call: John Joseph O'Malley (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section **Amendment Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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 Statement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring	orida		-
1. The name of the corporation: O'Malley Real Estate, Inc.			
2. The principal office address: 645 Mayport Road, Suite 1; Atlantic Beach, FL 32233			<u></u>
3. The mailing address (if different):			
4. Date of incorporation/qualification: April 5, 2000 Document number: P00000035	908		
5. The name and street address of the current registered agent and registered office on file with t Florida Department of State:	he		
Maureen A. O'Malley			
645 Mayport Road, Suite 1			
Atlantic Beach, FL 32233	₹	_	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		07 يالا	П
John Joseph O'Malley	ARY O	20	
645 Mayport Road, Suite 1		₽	O
(P.O. Box NOT acceptable) Atlantic Beach, FL 32233		=	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egistered		t,
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	ficer so		
John Joseph O'Malley, Preside (Signature of an officer or director)  John Joseph O'Malley, Preside (Printed or typed name and titl			
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 complo of my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hereby o corporation has been notified in writing of this change.	ete perfo gent. Oi confirm i	rmand r, if the that th	ce iis ie
Olomature of Registered Agents 7/16/2007	· · · · · · · · · · · · · · · · · · ·		-
If signing on behalf of an entity:			
(Typed or Printed Name)			

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