## PO1000019459

(Re	equestor's Name)		
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·	
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

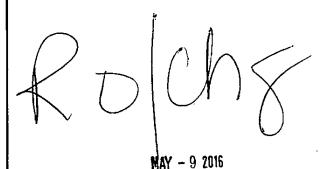




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I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations Cynthia A. Holmes, P. A. Name of Corporation P01000019489 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: Cynthia A Holmes

Name of Contact Person Cynthia A. Holmes, P. A. 1850 Cadence Ct. Address Chuluota, FL 32766 City/State and Zip Code ca.holmes1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407- 366-9912 Area Code & Daytime Telephone Number Cynthia A. Holmes Name of Contact Person

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



April 28, 2016

CYNTHIA A. HOLMES CYNTHIA A. HOLMES, P.A. 1850 CADENCE CT. CHULUOTA, FL 32766

SUBJECT: CYNTHIA A. HOLMES, P.A.

Ref. Number: P01000019489

We have received your document for CYNTHIA A. HOLMES, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 316A00008806

Resubmitted 5/6/16

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

statement of change i	is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida red agent, or both, in the State of Florida.
		· · · · · · · · · · · · · · · · · · ·
1. The name of the co	orporation: Cynthia A. Holmes	Chulusta El 20760
2. The principal offic	e address: 1850 Cadence Ct,	Chuluota, PL 32706
3. The mailing addres	ss (if different):	
4. Date of incorporati	ion/qualification: 2/22/01	Document number: P01000019489
	et address of the current registered ag t of State: (If resigned, enter resigne	gent and registered office on file with the d)
Су	nthia A. Holmes	
122	27 Woodridge Ct	
Alta	amonte Springs, FL 32714	1
6. The name and stree (if changed):	et address of the new registered agen	acceptable
Су	nthia A. Holmes	
188	50 Cadence Ct,	
Ch	P.O. Box NOT uluota, FL 32766	acceptable ??
The street address of as changed will be id	its registered office and the street a lentical.	address of the business office of its registered agent,
	•	by its board of directors or by an officer so ified in writing of the change.
Cynthia Signature of ar	a Holmes	Cynthia A. Holmes, President Printed or typed name and title
I further agree to con performance of my d agent. Or, if this doc	appointment as registered agent and imply with the provisions of all statu luties, and I am familiar with and ac cument is being filed merely to refle the corporation has been notified in	tes relative to the proper and complete except the obligation of my position as registered ect a change in the registered office address. I
Cynthia	a a Holmes	5/4/16
If signing on behalf of	of an entity:	17au
Cynthia A. Holr	nes	
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 \* \* \*