

PO1000070796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

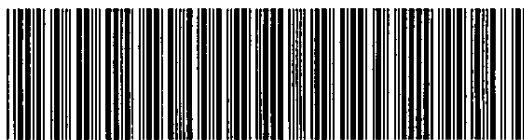
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800159213748

08/06/09--01013--001 **35.00

2009 AUG 6 PM 4:07

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG -6 PM 4:07

R.A.

TB AUG 11 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael V. Barszcz, M.D., J.D., P.A.
Name of Corporation

DOCUMENT NUMBER: P01000070796

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:

Sean Bogle
Name of Contact Person

Law Offices of Sean F. Bogle, P.A.
Firm/Company

101 South New York Avenue, Suite 205
Address

Winter Park, Florida 32789
City/State and Zip Code

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

For further information concerning this matter, please call:

Catherine Outlan at (407) 834-3311
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: MICHAEL V. BARSZCZ M.D., J.D., P.A.
2. The principal office address: 2721 WEST FAIRBANKS AVE. SUITE 200
WINTER PARK, FL 32789
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7-18-2001 Document number: PO1000070796
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)

Sean F. Bogle, Esquire

706 Turnbull Avenue, Suite 203

Altamonte Springs, FL 32701

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

101 South New York Avenue, Suite 205

P.O. Box NOT acceptable

Winter Park, Florida 32789

FILED
2009 AUG -6 PM 4:07
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 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

MICHAEL V. BARSCZ
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

8-3-2009
Date

If signing on behalf of an entity:

SEAN BOGLE
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314