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Requester's Name	
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Patricia D Brosnan Post Office Box 1686 Palatka, Florida	
32178-1686	***** <u>35.80</u> *****35.
	Office Use Only
PORATION NAME(S) & DO	CUMENT NUMBER(S), (if known):
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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W FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability	<ul> <li>Amendment</li> <li>Resignation of R.A., Officer/Director</li> <li>Change of Registered Agent</li> </ul>
Domestication Other	<ul> <li>Dissolution/Withdrawal</li> <li>Merger</li> </ul>
HER FILINGS	<b>REGISTRATION/QUALIFICATION</b>
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement $RAChg$ .
	Trademark V

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

Pursuant to the provisions of Section 607.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of \_\_\_\_\_\_\_\_\_ submits the following statement in order to change its registered office or registered agent, or both in the State of Florida.

1.	The name of the corporation is:
2.	The mailing address of the corporation is: 7800 Pointe Meadows Drive, Suite 1217.
3.	Date of incorporation/qualification: <u>August 9, 2001</u> Document number: <u>P010000079792</u>
4.	The name and address of the current registered agent and office:
	Ralph Lewis
	1105 H-1 Greenpine Boulevard
	West Palm Beach, Florida 33409

5. The name and address of the new registered agent and office (P.O. Box Not Acceptable) Patricia D. Brosnan, Esquire 417 St. Johns Avenue Palatka, Florida 32177

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.

(Signature of an officer, chairman or vice chairman of the board

tresident

(Printed or typed name or title)

Having been named as registered agent and to accept service or process for the above stated corporation, 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,

(Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or printed name)

(Capacity)

**Division of Corporations** 

\*\*\*FILING FEE \$35.00\*\*\* Post Office Box 6327

Tallahassee, Florida 32314