PD1000118482

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Special Instructions to Filing Officer: |





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Roberts

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Elizabeth R. Dilts, P.A.

Name of Corporation

DOCUMENT NUMBER: P01000118482

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:

Elizabeth R. Dilts

Name of Contact Person

Elizabeth R. Dilts, P.A.

Firm/Company

1133 Louisiana Avenue, Suite 214

Address

Winter Park, Florida 32789

City/State and Zip Code

diltslaw@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth R Dilts

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida rockange its registered office or registered agent, or both, in the State of Florida. |
|--|---|
| 1. The name of t | he corporation: Elizabeth R Dilts, P.A. |
| 2. The principal | office address: 1133 Louisiana Avenue, Suite 214, Winter Park, Fl 32789 |
| 3. The mailing a | ddress (if different): |
| 4. Date of incorp | poration/qualification: 12/14/2001 Document number: P0/000/1848 |
| | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) |
| | Elizabeth R Dilts |
| | 111 N Orange Avenue, Suite 700 |
| | Orlando, Florida 32801 |
| 6. The name and (if changed): | Street address of the new registered agent (if changed) and /or registered office Elizabeth R Dilts 1133 Louisiana Avenue, Suite 214 P.O. Box NOT acceptable |
| | Elizabeth R Dilts 25 |
| | 1133 Louisiana Avenue, Suite 214 |
| | Winter Park, Florida 32789 |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation-has been notified in writing of the change. |
| Signatu | President Printed or typed name and title |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
| _ & la | September 24, 2012 Date Date |
| | half of an entity: |
| Elizabeth R | |
| T | yped or Printed Name |

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