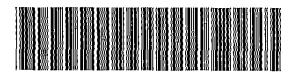
## 2000003895

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	<i>⇒ #</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



600062188996

12/30/05--01033--004 \*\*35.00

FILED 2005 DEC 30 PM 15 29



ACCOUNT NO. : 072100000032
REFERENCE : 786937 7349547
AUTHORIZATION :
COST LIMIT : \$ PPD
ORDER DATE: December 30, 2005
ORDER TIME : 10:12 AM
ORDER NO. : 786937-010
CUSTOMER NO: 7349547
CHANGE OF AGENT
NAME: SAUNDERS & MCKENDRICK, P.A.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XXX PLAIN STAMPED COPY
CONTACT PERSON: Harry B. Davis EXT# 2926
EXAMINER:

## **COVER LETTER**

	mendment Section ivision of Corporations	•
SUBJECT	T: Thomas C. Saunders, P.A. (Name of Cor	poration)
DOCUM	ENT NUMBER: P0200003895	
	sed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please reti	urn all correspondence concerning this matter to	the following:
	Thomas C. Saunders (Name of Conta	act Person)
	Saunders & McKendrick, P., (Firm/Com	A. pany)
	Post Office Box 1279 (Address	ss)
	Bartow, Florida 33831-1279 (City/State and	Zip Code)
For furthe	er information concerning this matter, please cal	1:
Marcie	Alvey (Name of Contact Person)	at ( 863 ) 533-6200 (Area Code & Daytime Telephone Number)
Enclosed	is a \$35.00 check made payable to the Departm	ent 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 State 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	rida	<del></del>	
1. The name of the corporation: Saunders & McKendrick, P.A.			
2. The principal office address: 480 South Broadway Avenue, Bartow, Florida 33830	<del>,</del>		_
3. The mailing address (if different): Post Office Box 1279, Bartow, Florida 33831-12	279	<del></del>	
	+5 · ·	<del></del> _	
4. Date of incorporation/qualification: 1/11/2002 Document number: P0200000	3895		_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	≀e ~•		
Thomas C. Saunders	SALL ALL	2005	
1940 East Edgewood Drive		DEC 30	
Lakeland, Florida 33803	RY (	30	i
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	JI' STATE ,,FLORID	PH 1:2	
Thomas C. Saunders	, <b>)</b> ``	9	
480 South Broadway Avenue	•		
(P.O. Box NOT acceptable) Bartow, Florida 33830	,		
The streefladdress of its registered office and the street address of the business office of its reas changed will be identical.	gistered	agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.			
Thomas C. Saunders, Presignature of an officer of director)  Thomas C. Saunders, Presignature of an officer of director)  (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 comple of my duttes, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	ete perfoi gent Or	rmance , if this hat the	?
Danaen 1268/05			
(Signature of Registered Agent) (Date)		<del></del>	
THOMAS C. SAULDERS PA. NKA  (Typed or Printed Name)  SAULDERS & MC KENDECE P. A.  *** FILING FEE: \$35.90 ***			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
45 (8/05)

CR2E045 (8/05)