

P02000005513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

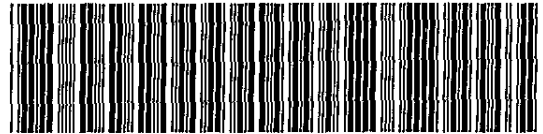
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TALLAHASSEE, FLORIDA

P02000005513
383 RILEY
8-18-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TREVA YVONNE LARSON, P.A.
(Name of corporation)

DOCUMENT NUMBER: P02000005513

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:

TREVA LARSON
(Name of person)

(Name of firm/company)

6150 QUINWOOD LN., N., #5216
(Address)

PLYMOUTH, MA 55442
(City/state and zip code)

For further information concerning this matter, please call:

ANNE K. "KIM" ATON at (239) 434-8800
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

**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: TREVA YVONNE LARSON, P.A.
2. The principal office address: 5125 CASTELLO DR., NAPLES, FL
34103
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/11/02 Document number: P02000005513

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TREVA LARSON
27290 PRESERVATION ST.
BONITA SPRINGS, FL 34135

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

ANNE K. ATON % MILLER & ASSOC., INC.
5125 CASTELLO DR.
(P.O. Box or personal mailbox NOT acceptable)
NAPLES, FL 34103

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.

Mary Ann
(Signature of an officer, chairman or vice chairman of the board)

TREVA LARSON, PRES.
(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.

Anne K. Aton
(Signature of Registered Agent)

8-7-03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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