## P0200012646

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2120	ANNAGAN Mariner Blvd. g Hill, FL 34609	LEGAL
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT 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 <b>Florida</b> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Shawn M. Brannagan, P.A.
2. The principal office address: 2120 Was iner Wind,
Spring Hill FL 34609
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/4/08 Document number: P0Z0001Z646
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)
Resigned
7. 6 T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Shawn M. Brannagan  2120 Mariner Rlvd.  P.O. Box NOT acceptable
2120 Mariner Rlyd
Spring Hill FC 34609
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.
Standard of an officer of director Shawn Brannagan, Tresident
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 4 72 10
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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