

P020000016954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

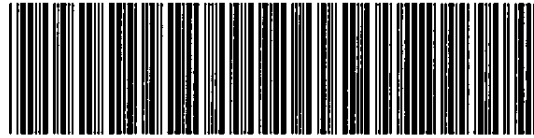
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200103993902

06/18/07--01003--002 \*\*35.00

RO chy

FILED

07 JUN 18 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JUN 20 2007

LAW OFFICES  
**MICHELLE B. KANE**  
PROFESSIONAL ASSOCIATION

ATTORNEY AT LAW

545 DELANEY AVENUE, BUILDING 4  
ORLANDO, FLORIDA 32801  
WWW.KANELAW1.COM

MICHELLE B. KANE  
ADMITTED IN FLORIDA AND SOUTH CAROLINA

TELEPHONE 407.254.5450  
FACSIMILE 407.648.7008  
E-MAIL michelle@michellebkanepa.com

June 13, 2007

Florida Department of State  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Statement of Change of Registered Office or Registered Agent or Both  
for Corporations  
Michelle B. Kane, P.A.  
Document No.: P02000016954

Dear Sir or Madame:

Enclosed are the following for Change of Registered Agent address of the above referenced corporation:

1. Statement of Change of Registered Office or Registered Agent or Both for Corporations;
2. Cover Letter to Amendment Section; and
3. this firm's check in the amount of \$35.00 which represents the fee to change the Registered Agent address.

Please update our information. If you have any questions, please call.

Yours very truly,



Michelle B. Kane, Esquire

MBK/kae  
Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michelle B. Kane, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000016954

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:

Michelle B. Kane, Esquire  
(Name of Contact Person)

Michelle B. Kane, P.A.  
(Firm/Company)

545 Delaney Ave, Building 4  
(Address)

Orlando, Florida 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle B. Kane, Esq. at (407) 254-5450  
(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**

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: Michelle B. Kane, P.A.  
2. The principal office address: 545 Delaney Avenue Building 4  
Orlando Florida 32801  
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 02/13/2002 Document number: P02000016954

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

Michelle B. Kane, Esquire  
746-A North Magnolia Avenue  
Orlando, Florida 32803


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

Michelle B. Kane, Esquire  
545 Delaney Avenue Building 4  
(P.O. Box NOT acceptable)  
Orlando, Florida 32801

FILED  
07 JUN 18 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, on the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Michelle B Kane, President  
(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.*

  
(Signature of Registered Agent)

6/8/07  
(Date)

If signing on behalf of an entity:

Michelle B. Kane  
(Typed or Printed Name)

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

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