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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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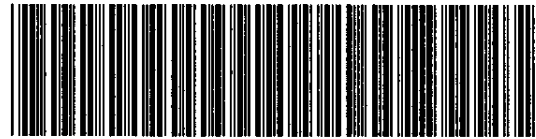
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ro change

JAN 10 2014

T. CARTER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Michelle B. Kane, P.A.

Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Name of Contact Person

Michelle B. Kane, P.A.

Firm/Company

941 W. Morse Blvd., Ste. 100

Address

Winter Park, Florida 32789

City/State and Zip Code

michelle@michellebkanepa.com

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

For further information concerning this matter, please call:

Michelle B. Kane

Name of Contact Person

at ( 407 ) 254-5450

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: 941 W. Morse Blvd., Ste. 100, Winter Park, Florida 32789
3. The mailing address (if different): P.O. Box 268, Winter Park, Florida 32790
4. Date of incorporation/qualification: 02/13/2002 Document number: 010597137 P02000016954
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)

Michelle B. Kane, Esq.

430 North Mills Avenue, Suite 1

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

941 W. Morse Blvd., Ste. 100

P.O. Box NOT acceptable

Winter Park, Florida 32789

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

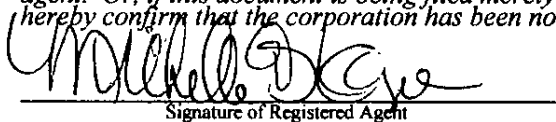
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
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

December 30, 2013

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

CR2E045 (03/12)

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TALLAHASSEE, FLORIDA  
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