## P0000018009

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: Stroop Construction Law Firm, PA (Name of Corp.)	poration)		
DOCU	MENT NUMBER: P02000018009			
The en	closed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	William T. Stroop (Name of Conta-	ct Person)		
Stroop Construction Law Firm, PA (Firm/Company)				
440 Matares Drive (Address)				
Punta Gorda, FL 33950 (City/State and Zip Code)				
For fur	ther information concerning this matter, please call	:		
Willian	n T. Stroop (Name of Contact Person)	at ( 941 ) 639-4490 (Area Code & Daytime Telephone Number)		
Enclos	ed is a \$35.00 check made payable to the Departme	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, 617.05 statement of change is submitted for a corporation orga in order to change its registered office or regis	nized under the laws of the State of Florida
1. The name of the corporation: Stroop Construction La	w Firm, RA
2. The principal office address: 440 Matares Drive, Pun	ita Gorda, FL 33950
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/13/2002	Document number: P02000018009
5. The name and street address of the current registered Florida Department of State:	agent and registered office on file with the
WILLIAM T STROOP	
644 SE 4TH AVENUE	
FT. LAUDERDALE FL 33301	
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office
WILLIAM T STROOP	FiΩ
440 Matares Drive	FIL DEC 2 AHASS
(P.O. Box NOT acceptable Punta Gorda, FL 33950	m <sub>O</sub> [1]
The street address of its registered office and the street as changed will be identical.	DA DA
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been r	notified in writing of the change.
(Signature of an officer of director)	William T. Stroop, partner (Printed or typed name and title)
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sto of my duties, and I am familiar with and accept the ob- document is being filed merely to reflect a change in a corporation has been notified in writing of this chang	and agree to act in this capacity. Stutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the e.
AT Strong	December 20, 2006
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	FEE: \$35.00 * * *

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