

PD2000018332

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pineiro, Wortman & Byrd, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P0200008332

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:

Barry B. Byrd
(Name of Contact Person)

Pineiro, Wortman & Byrd, P.A.
(Firm/Company)

4600 Military Trail, Suite 212
(Address)

Jupiter, FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott J. Wortman at (561) 799-9280
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2006

SCOTT J. WORTMAN
PINEIRO, WORTMAN & BYRD, P.A.
4600 MILITARY TRAIL, SUITE 212
JUPITER, FL 33418

SUBJECT: PINEIRO, WORTMAN & BYRD, P.A.
Ref. Number: P02000018332

We have received your document for PINEIRO, WORTMAN & BYRD, P.A. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form and fees was submitted. You submitted the form to change the registered agent/office for a limited liability company.

We are enclosing the form for a Florida profit corporation. Please note the filing fee is \$35.00, there is a balance of \$10.00 due when the corrected document is returned.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 006A00054971

**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: Pineiro, Wortman & Byrd, P.A.
2. The principal office address: 4600 Military Trail, Suite 212, Jupiter, FL 33458
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/17/03 Document number: P0200008332

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

7108 Fairway Drive, Suite 225 (Barry B. Byrd)

Palm Beach Gardens, FL 33458

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

Scott J. Wortman

4600 Military Trail, Suite 212 Jupiter, FL 33458

(P.O. Box NOT acceptable)

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]
(Signature of an officer or director)

Scott J. Wortman, 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.

[Signature]
(Signature of Registered Agent)

9/19/06
(Date)

If signing on behalf of an entity:

(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 (8/05)

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TALLAHASSEE, FLORIDA