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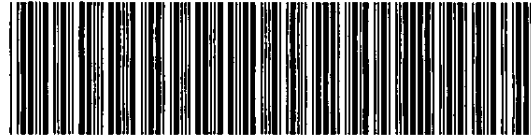
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** David W. Steen P.A.  
Name of Corporation

**DOCUMENT NUMBER:** PO2000036821

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:

David Steen  
Name of Contact Person

David W. Steen, P.A.  
Firm/Company

2901 W. Busch Blvd., Suite 311  
Address

Tampa, FL 33618  
City/State and Zip Code

dwssteen@dsteenpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Steen at ( 813 ) 251-3000  
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

