P02000041476

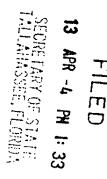
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Meyer Associates, Incorporated

Name of Corporation

OCUMENT NUMBER, P02000041476

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:

Geoffrey W. Meyer

Name of Contact Person

Meyer Associates, Incorporated

Firm/Company

808 South Edoson Avenue

Address

Tampa, FL 33606

City/State and Zip Code

admin@meyerarchitects.com

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

For further information concerning this matter, please call:

Geoffrey Meyer

,813

849-2259

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

. . .

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida	
	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Meyer Associates, Incorporated	
2. The principal	office address: 1304 South DeSoto Avenue, Suite 403	
	Florida 33606	
3. The mailing a	address (if different): 808 South Edison Avenue	
	, Florida 33606	
4. Date of incorp	poration/qualification: 4/10/2002 Document number: P02000041476	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Meyer Associates, Incorporated	
	1101 West Swann Avenue	
	Tampa, Florida 33606	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Meyer Associates, Incorporated (Same	
	1304 South DeSoto Avenue, Suite 403	
	P.O. Box NOT acceptable	
	Tampa, Florida 33606	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, lbe identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
4	Geoffrey W. Meyer PSTD Printed or typed name and title	
I hereby accept I further agree to performance of agent. Or. if the	The appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete fmy duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
\propto	April 2, 2013	
\$ igi	nature of Registered Agent Date	
If signing on be	chair of an entity:	
Geoffrey W	/. Meyer	
Ty	yped or Printed Name	

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