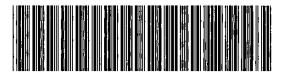
Po200046683

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	:
		:
`\		
RA Chaye		
8	Office Use On	slse .



400080550934

10/12/06--01026--014 **25.00

400080550934 11/02/06--01006--004 **10.00

Ob NUV - 2 PM 12: 44
SECRETARY OF STATE

RAM9
CRA11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kevin G. Staas, P.A. (Name of Corporation)
DOCUMENT NUMBER: PO2000 46683
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:
Staas Kevin G. (Name of Contact Person)
Kevin G. Staas, P.A. (Firm/Company)
245. U. Tamiani TR. Ste.F
Venice D 34285 (City/State and Zip Code)
For further information concerning this matter, please call:
Lovi \ Staas (Name of Contact Person) at (941) 485 - 7676 (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

TO:



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2006

KEVIN STASS KEVIN G. STASS, P.A. 245 N. TAMIAMI TRAIL SUITE F VENICE, FL 34285

SUBJECT: KEVIN G. STAAS, P.A. Ref. Number: P02000046683

We have received your document for KEVIN G. STAAS, 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):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

THE ABOVE ENTITY IS FILED PURSUANT TO FLORIDA CORPORATION/PALAWS. THE FORM SUBMITTED IS FOR A LIMITED LIABILITY COMPANY.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 006A00062068

Karen Gibson Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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.
1. The name of the corporation: Kevin G. Staas, P.A.
2. The principal office address: 245 N. Taniani Trail Ste. F.
Venice, FL 34285.
3. The mailing address (if different):
1 During 11 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
4. Date of incorporation/qualification: 4 25 02 Document number: po2000466 83 5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Staas, Kevin G:
400 S. Tamiani TR, Ste 230
· · · · · · · · · · · · · · · · · · ·
6. The name and street address of the new registered agent (if changed) and /or registered office
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
* Kevin G. Staas 39 3
245 N. Tamani Te, Ste. F BA F
Venice, Florida 34285
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.
Dull Dy Kevin Staas
(Signature of an officer or director) (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) (Date)
If signing on behalf of an entity: Kwin G. Staas
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *