

P02000046683

(Requestor's Name)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kevin G. Staas, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** 002000046683

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. N. Tamiami Tr. Ste. F  
(Address)

Venice, FL 34285  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Staas at ( 941 ) 485-7676  
(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

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/PA LAWS. 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.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 006A00062068

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: Kevin G. Staas, P.A.
2. The principal office address: 245 N. Tamiami Trail, Ste. F,  
Venice, FL 34285.
3. The mailing address (if different): same
4. Date of incorporation/qualification: 4/25/02 Document number: PO2000046683
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. Tamiami TR, Ste 230  
Venice, FL 34285

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

Kevin G. Staas  
245 N. Tamiami Tr, Ste. F  
(P.O. Box NOT acceptable)  
Venice, Florida 34285

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TALLAHASSEE, FLORIDA

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)

Kevin Staas

(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)

10/26/06

(Date)

If signing on behalf of an entity:

Kevin G. Staas

(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