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Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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: (850)205-0380

From:

Account Name

: WINDERWEEDLE, HAINES, WARD & WOODMAN, F.A.

Account Number : 076077002775

Phone

: (407)246-8692

Fax Number

: (407)423-7014

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

POWERS & MILLER MANAGEMENT, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of Florida Latitus.
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation : Powers & Miller Management, Inc.
2. The mailing address of the corporation:
200 W. Welbourne Avenue, Suite 8, Winter Park, Florida 32789
3. Date of incorporation/qualification: June 10, 2002 Document number: F02000066201
4. The name and address of the current registered agent and office:
Deborah Fricke
390 N. Ozange Avenue, Suite 1500
Orlando, Florida 32801
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Timothy J. Powers
200 W. Welbourne Avenue, Suite 3
Winter Park, Florida 32789
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.
(Signature of an officer, chairman or vice chairman of the board)
(Signature of an officer, chairman or vice chairman of the board) (Date)
Timothy J. Powers, President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
- 1-in frame 6/20/02.
(Signature of Registered Agent) (Date)
(Signature of Registered Agent) If signing on behalf of an enviry:
Tim towers Pres
(Typed of Frinted Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(9/00) Division of Corporations P.O. Box 6327 Tallafiassee, FL 32314

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