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COVER LETTER

TO: Amendment Division of	Section Corporations	
SUBJECT:	Clarissa E. +	Harrell, P.A.
DOCUMENT NUN	MBER: PO2000	75610
The enclosed Staten	nent of Change of Registered Office/A	gent and fee are submitted for filing.
	respondence concerning this matter to	
-	Clarissa E. (Name of Contac	
_	Clarissa E. L.	Harrell, P.A.
_	8195 N. Wick	cham Rd., Ste. 200
	Melbourne F (City/State and 2	EL 32940 Zip Code)
For further informat	ion concerning this matter, please call	:
<u>Clariss</u>	ra E. Harrell (me of Contact Person)	at (32/) 254-6880 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	I check made payable to the Departme	ent 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

8 10 %

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: Clarissa E. Harrell, P.A. 2. The principal office address: 8195 N. Wickham Rel., Ste. 200 Melbourne, FL 32940
3. The mailing address (if different): (Same as above)
4. Date of incorporation/qualification: 7/11/2002 Document number: P0200075610
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Harrell, Clarissa E.
5430 Village Drive, Suite 102
Viera, FL 32955
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Harrell, Clarissa E. (SAME)
Harrell, Clarissa E. (SAME) 8195 N. Wickham Road, Suite 200 (P.O. Box NOT acceptable)
Melbourne, Florida 32940
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.
CEstavell Clarissa E. Harrell, Presiden (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.
Citarell 10-2-07
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
Clarissa E. Harrell (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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