P02000082704

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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SECRETARY OF STATE.

Office Use Only

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	-
SUBJECT: Robert G. Clements, P.A.	
(Name of cor	poration)
DOCUMENT NUMBER: P02000082704	
The enclosed Statement of Change of Registered Office/Ager	nt and fee are submitted for filling.
Please return all correspondence concerning this matter to the	following:
Robert G. Clements	
(Name of pe	rson)
Jackson, Clements & Dawson, LLP (Name of firm/c	company)
`	• • • •
5728 Major Boulevard, Suite 600	
(Addres	s)
Orlando, Florida 32819 (City/state and :	zin code)
` •	zip coucy
For further information concerning this matter, please call:	
Robert G. Clements	at (407) 363-9020
(Name of person)	at (407) 363-9020 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of	of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

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: Robert G. Clements, P.A.
2. The principal office address: 5728 Major Boulevard, Suite 600
Orlando, Florida 32819
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/30/2002 Document number: P02000082704
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert G. Clements
5401 S. Kirkman Road, Suite 310
Orlando, Florida 32819
Robert G. Clements 5401 S. Kirkman Road, Suite 310 Orlando, Florida 32819 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Robert G. Clements
<u> </u>
5728 Major Boulevard, Suite 600 (P.O. Box or personal mailbox NOT acceptable)
Orlando, Florida 32819
The street address of its registered office and the street address of the business office of its registered agent, as
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.
Robert G. Clements, President (Signature of an officer or director) Robert G. Clements, President (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent. Or, if this document is the proper and complete performance of my fulfes, 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 alchange 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:
(Typed or Printed Name) (Capacity)

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