

P020000104860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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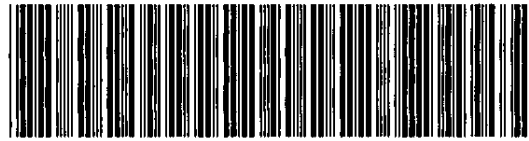
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

15 SEP 21 PM 2:09

R. White  
SEP 23 2015

R. WHITE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ANDREW DICKMAN, P.A.  
Name of Corporation

DOCUMENT NUMBER: P02000104860

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:

ANDREW DICKMAN  
Name of Contact Person

ANDREW DICKMAN, P.A.  
Firm/Company

809 WALKERBILT RD, SUITE 7  
Address

NAPLES, FLORIDA 34110  
City/State and Zip Code

andrew@andrewdickman.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW DICKMAN at ( 239 ) 434-0840  
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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ANDREW DICKMAN, P.A.
2. The principal office address: 809 WALKER BILT RD. SUITE 7  
NAPLES, FLORIDA 34110
3. The mailing address (if different): P.O. BOX 771390  
NAPLES, FLORIDA 34107
4. Date of incorporation/qualification: 9/30/2002 Document number: P02000104860
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ANDREW DICKMAN  
852 FIRST AVE SOUTH SUITE C  
NAPLES, FLORIDA 34102


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

ANDREW DICKMAN  
809 WALKER BILT RD. SUITE 7  
P.O. Box NOT acceptable  
NAPLES, FLORIDA 34110

FILED  
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TALLAHASSEE, FLORIDA

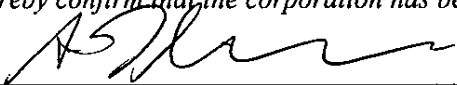
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

9/16/2015  
Printed or typed name and title  
ANDREW DICKMAN, PSA

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

9/16/2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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