

P02000109508

(Requestor's Name)

Patricia Laine
28670 Altesa Way #102
Bonita Springs Fl. 34135

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

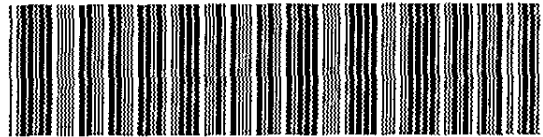
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300013544373

03/10/03--01021--001 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 10 PM 3:48

RA Chg. (address)

V SHEPARD MAR 17 2003

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, the undersigned corporation organized under the laws of the State of Florida 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: PATRICIA H. LAINE, P.A.
2. The mailing address of the corporation: 3173 ANDORRA CT
NAPLES FL 34109
3. Date of incorporation/qualification: 10/9/02 Document number: P02000109508
4. The name and address of the current registered agent and registered office:
PATRICIA H LAINE PA
3173 ANDORRA CT.
Naples, FL 34109
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Same
Chg. To: 28670 ALTESSA WAY #102
BONITA SPRINGS FL 34135

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 10 PM 3:48

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.

Patricia Haine Pres 3-7-03
(Signature of an officer, chairman or vice chairman of the board) (Date)
PATRICIA H LAINE PRES.
(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.

Patricia Haine 3-7-03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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