## P02000116167

(Re	questor's Name	)
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(Cit	y/State/Zip/Phor	ne #)
		MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: LINDA BIRREL GIBSON PA (Name of Corporation) DOCUMENT NUMBER: PO2000/16167

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:

Name of Contact Person) nda Birrel Gibson PA (Firm/Company) 8570 Commerce St. #114 (Address) Cape Canaveral, FL 32920 (City/State and Zip Code)

For further information concerning this matter, please call:

da Gibson at (321) 266 - 3094 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

CR2E045 (8/05)

## 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  $\underline{F/Orida}$  in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LINDA BIRREL GIBSON, P.A.
2. The principal office address: 8570 Commerce St, #114
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/29/2002 Document number: P02000 116166
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
LINDA B. GIBSON
677 Dave Nisbet Drive, Suite III Cape Canoveral, FL 32920
Cape Canoveral, FL 32920
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

INDA B. GIBSON ommerc (P.O. Box NOT acceptable) a Eval

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.

100 (Signature of an officer or price tori

(Signature of an officer or diction) 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.

nda

(Signature of Registered (gent)

61 bson

osident

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)