

PO2000131497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

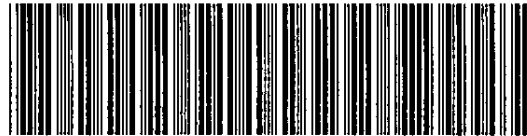
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 25 PM 12:51

R.A.

JUL 26 2012

T. BROWN



*Reply to: Bradenton*

July 23, 2012

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

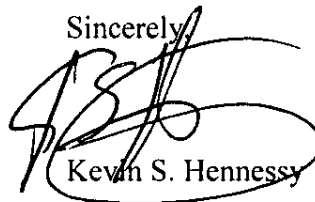
**Re: REGISTERED AGENT/REGISTERED OFFICE CHANGE – ALLISON-  
GAUSE, INC.**

Dear Sir or Madam:

Enclosed for filing please find the Registered Agent/Registered Office Change for ALLISON-GAUSE, INC., along with check No. 1111 in the amount of \$35.00 for the associated filing fees.

If you have any questions concerning the enclosed information, please do not hesitate to contact my office at (941) 708-4040.

Sincerely,



Kevin S. Hennessy

KSH/cej  
Enclosures  
cc: Client

*See Things Differently*

BRADENTON  
101 Riverfront Boulevard  
Suite 620  
Bradenton, Florida 34205  
881137222-2

JACKSONVILLE  
245 Riverside Avenue  
Suite 150  
Jacksonville, Florida 32202

TALLAHASSEE  
315 South Calhoun Street  
Suite 830  
Tallahassee, Florida 32301

WEST PALM BEACH  
515 North Flagler Drive  
Suite 1500  
West Palm Beach, Florida 33401

p | 941-708-4040 • f | 941-708-4024

p | 904-353-6410 • f | 904-353-7619

p | 850-222-5702 • f | 850-224-9242

p | 561-640-0820 • f | 561-640-8202

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALLISON-GAUSE, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P02000131497

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:

KEVIN S. HENNESSY

Name of Contact Person

LEWIS, LONGMAN & WALKER, P.A.

Firm/Company

101 RIVERFRONT BLVD., STE. 620

Address

BRADENTON, FL 34205

City/State and Zip Code

khennessy@llw-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN S. HENNESSY at 941 708-4040

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

1. The name of the corporation: ALLISON-GAUSE, INC.
2. The principal office address: 926 14TH STREET WEST, BRADENTON, FL 34205
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/01/2003 Document number: P02000131497
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)

KEVIN S. HENNESSY

1001 3RD AVENUE WEST, STE. 670

BRADENTON, FL 34205

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

KEVIN S. HENNESSY

101 RIVERFRONT BLVD., STE. 620

P.O. Box NOT acceptable

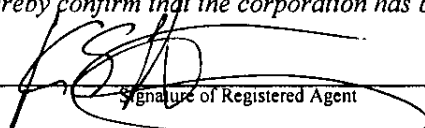
BRADENTON, FL 34205

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.

<hr/> <small>Signature of an officer or director</small>	<u>KEVIN S. HENNESSY, REGISTERED AGENT</u> <small>Printed or typed name and title</small>
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*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

7-23-12  
\_\_\_\_\_  
Date

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 (03/12)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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