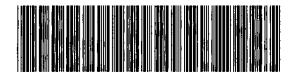
P03088021990

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------------------------|
| (Ad | dress) | |
| . (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | **** |
| Certified Copies | _ Certificates | s of Status <u>e (Attes</u>) |
| Special Instructions to | Filing Officer: | |
| | | į |
| | | |
| | | |
| | | |

Office Use Only



500162197975

10/30/09--01012--008 **35.00

69 OCT 30; PH 3: 40 SEGRETARY OF STATE TALLIANASSEL, FLORID

RA. Change C.COULLIETTE

OCT 3 0 2009

EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Michael Minardi P.A. Name of Corporation | | |
| DOCUMENT NUMBER: PO300002/990 | | |
| 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: | | |
| Michael C. Minard, Name of Contact Person | | |
| Michael Miracel P.A. Firm/Company | | |
| 5955 SE Federal Highway MB # 343 | | |
| STUART FC 34994 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Michael C. Minordi at (172) 463-657/ 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 Street Address: Amendment Section Division of Corporations | | |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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: Michael MINALDI, P.A. |
| HE Adress | 2. The principal office address: 300 Colo rado Aue., Ste 204 |
| iso the | 3. The mailing address (if different): |
| incipal | |
| Price | 4. Date of incorporation/qualification: Feb 20, 2003 Document number: Po300021990 |
| alling Abbress. | 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) |
| | Michael Minardi |
| | STUART FL, 34997 |
| | STUART FL, 34997 |
| • | 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): These Change All Activesses on file to this |
| | Michael Minardi |
| | 200 Colorado Ave, Suite 204 P.O. Box NOT acceptable |
| | STUART FL, 34994 |
| | 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. |
| | Michael C. Minard Director Printed or typed name and title |
| | 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. |
| | 10-20-09 |
| C | Signature of Registered Agent 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
8/05)

CR2E045 (8/05)