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(Re	equestor's Name)	
(Ad	dress)	 .
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

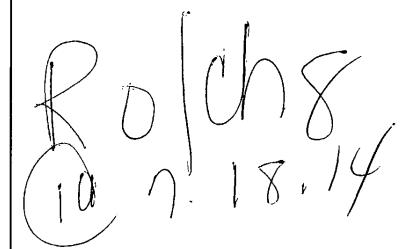
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COVER LETTER

Division of Corporations
SUBJECT: DR & ASSOCIATES, INC Name of Corporation
DOCUMENT NUMBER: P0300028886
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:
Dottle Rutledge Name of Contact Person DR + ASSOCIATES INC Firm/Company
POBOX 3494 Address
Sarasota FL 34230 City/State and Zip/Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dottle Rutledge at 501 213-1470 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

TO:

Amendment Section

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 $\bot LOR/DA$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DR & ASSOCIATES, INC
2. The principal office address: 1102 GRANTHAM DRIVE
Sara SOTA, F1 34234
3. The mailing address (if different): PO Box 3494
Sarasota, FL 34230
4. Date of incorporation/qualification: 3-10-2003 Document number: PO 30000 28886
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)
1724 Laurel St. XIZ
Sarasota, FL 34236
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 1102 Gran + ham Drive 5ara 50TA FL 34234 P.O. Box NOT acceptable
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. DOTTE Printed or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity. Sugnature of any 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 have been notified in writing of this change.
Signature of Registered Agent Date
f signing on behalf of an entity:
Typed or Drived No.

* * * 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)