P03000042531

(Re	equestor's Name)	
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Gave ok to change Correct der too.



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RO Chs

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	JECT: Judith Haver, P.A. (Name of Corporation)	ion)		
DOCU	UMENT NUMBER: PO3000042531			
The en	enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.		
Please	e return all correspondence concerning this matter to the	following:		
	Judith Haver (Name of Contact Pe	erson)		
Judith Haver, P.A. (Firm/Company)				
25058 Peacock Lane, #101 (Address)				
	Naples, FL 34114 (City/State and Zip C	Code)		
For fur	urther information concerning this matter, please call:			
Judith	th Haver at (Name of Contact Person)	239 642-7040 Area Code & Daytime Telephone Number)		
Enclos	osed is a \$35.00 check made payable to the Department of	f 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, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or registe	ized under the laws of the State of Florida		
1. The name of the corporation: Judith Haver, P.A.			
2. The principal office address: 25058 Peacock Lane, #101 Naples, FL 34114			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 04/14/2003	Document number: PO3000042531		
5. The name and street address of the current registered a Florida Department of State:	gent and registered office on file with the		
HAVER, JUDITH 13436 SE 86TH CIRCLE SUMMERFIELD, FL 34491			
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office		
Judith Haver	ALLIA ALLIA		
25058 Peacock Lane, #101	TANK TO THE TANK THE		
(P.O. Box NOT acceptable) Naples, FL 34114	L 16 M L ARY OF S IASSEE, FI		
The street address of its registered office and the street as changed will be identical.	address of the business office of is gistered agent,		
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.		
Signature of an officer of director)	Judith Haver, President (Printed or typed name and title)		
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obl document is being filed merely to reflect a change in the corporation has been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this ie registered office address, I hereby confirm that the		
hislith Flores	07/12/07		
(Signature of Régistered Agent) If Signing on behalf of an entity:	(Date)		
(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)