## P03000070685

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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations
SUBJECT: Michelle M. MALOTT PA (Name of Corporation)
DOCUMENT NUMBER: P0300070685
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:
Michelle MALOTT  (Name of Contact Person)
Michelle M. Malott PA (Firm/Company)
11401 9th St. N. # 714 (Address)
St. Petersburg, FL 33716 (City/State and Zip Code)
For further information concerning this matter, please call:
Michelle Malott at (727) 492-6779  (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: Wichelle W. Walst PA.
2. The principal office address: 11401 975 St. N. # 714
St. Petusburg, FL 33716
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{6/27/03}{00000000000000000000000000000000000$
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
SEAN MILLOTT BB
2845 Webley Drive BER BE
11000 C/ 33771
- CARSO FE 337 7 FEST NO
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): →
Michelle WILLOTT
11401 9th St. 11 # 714
(P.O. Box NOT acceptable)
St. Petersburg, FL 33716
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.
Il bladla with
(Signature of an officer or director)  (Signature of an officer or 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.
(Signature of Registered Agent)  1 1 200 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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

CR2E045 (8/05)