

PO30000127162

(Requestor's Name)

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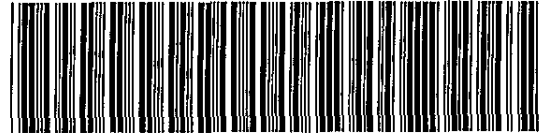
(Business Entity Name)

(Document Number)

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10/27/04--01004--015 **35.00

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04 OCT 25 PM 3:58
TALLAHASSEE, FLORIDA

RO/change
@ 10/27/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 15, 2004

MICHAEL W. MCCLURE
3617 NE 24TH AVE.
FT. LAUDERDALE, FL 33308

SUBJECT: MICHAEL W. MCCLURE, P.A.
Ref. Number: P03000127162

We have received your document for MICHAEL W. MCCLURE, P.A.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 004A00054925

RECEIVED
04 OCT 25 AM 10:17
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MICHAEL W. McClure P.A.
(Name of corporation)

DOCUMENT NUMBER: P03000127162

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 W. McClure
(Name of contact person)

above
(Firm/Company)

3617 NE 24th Ave.
(Address)

Ft. Lauderdale FL 33308
(City/state and zip code)

For further information concerning this matter, please call:

MICHAEL McClure at (954) 873-9976
(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
409 E. Gaines Street
Tallahassee, FL 32399

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**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: Michael W. McClure P.A.
2. The principal office address: 3617 NE 24th Ave
Ft. Lauderdale, FL 33308
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/31/03 Document number: P03000127162

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael W. McClure
1718 NE 28 DR.
Wilton Manors, FL 33334

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

Michael W. McClure
3617 NE 24th Ave
(P.O. Box NOT acceptable)
Ft. Lauderdale, FL 33308

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DEPARTMENT OF STATE

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 W. McClure Michael W. McClure
(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.

Michael W. McClure 9-1-04
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Michael W. McClure
(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