P04000021154

(Red	uestor's Name)	
(Address)		
(Address)		
	•	
(City	/State/Zip/Phone) #)
		—
☐ PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
•		

Office Use Only



900208207509

06/02/11--01009--013 **35.00

My Dio Ceryo



10 1-2 4

COVER LETTER

Division of Corporations		
SUBJECT: Skites Davis & Bake PA. Name of Corporation		
DOCUMENT NUMBER: PO4 0000 Z 1154		
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:		
Name of Contact Person		
Skiles Davis & Baker, P.A. Firm/Company		
1633 San Marco Blvd. #5		
Jacksonulle FL 32207 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (904) 396-6115 Area Code & Daytime Telephone Number		
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

_ t

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 11 JUN - 2 PM 12: 21

1, Douglas L Skiles, PE	, hereby resign as President
	(Title)
of Skiles David & Baker (Name of C	(PA)
_	,
(Document Number, if known)	a corporation organized under the laws of the State of
(Botanich Palifori, II khowii)	
FLORIDA	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314