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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2008 JUN 25 AM 8: 4

May Charles

COVER LETTER

Division of Corporations
SUBJECT: Law Obice of Jeffier A Sheer, P.A. (Name of Corporation)
DOCUMENT NUMBER: POY 0000 48526
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:
rease retain an correspondence concerning this matter to the following.
Jeffrey A Sheer (Name of Contact Person)
Can office u6 Teffrey A. Sheer, P.A.
(Firm/Company)
7380 Dr. W. Sand Lohe Read, Site 500 (Address)
Orladon FL 32819 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 352-/055 (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 Street Address: Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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 Florida
	in order to change its registered office or registered agent, or both, in the State of Florida.
	1. The name of the corporation: Low Office of Joffier A Sheer, P. A.
ven	2. The principal office address: 7380 W. Sand Lake Roch, Site 500
	Orla-du, FL 32819
	3. The mailing address (if different):
	4. Date of incorporation/qualification: 3/18/04 Document number: Po400048526
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
	Old address.
	7009 Dr. Phillips Blw #270 FR & TI
	Orlando, FL 32819
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed)
	(if changed): New address: 7380 W. Sad Ldve Rd., Sike som to Colondo, FL 30819 (PO. Box NOT acceptable)
	Orlando, FL 32819
	(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.
	Jeffrey A Sheer, President
	(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) (Date)
	(Date)
	If signing on behalf of an entity:
	Jeffrey A Sheer
	(Typed or Printed Name)

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