(R	equestor's Name)			
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R. Writte

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A. Scott Toney, PA Name of Corporation
P0400070740
DOCUMENT NUMBER: 1 0 0 0 0 0 7 0 7 4 0
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:
Aaron S Toney
Name of Contact Person
A. Scott Toney PA
Firm/Company
925 NW 56 Terrace
Address
Gainesville, FL 32605
City/State and Zip Code
astesq@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A. Scott Toney Name of Contact Person Name of Contact Person at (352) 376-6800 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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 60 inge is submitted for a corporation organized		
	r to change its registered office or registered		
1. The name of	the corporation: A. Scott Toney, P.A	١.	
2. The principal	OOF NIM EC Town Co	ite B, Gainesville, FL 3	32605
			<u> </u>
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/30/2004	Document number: P4000	070740
	street address of the current registered agent tment of State: (If resigned, enter resigned)	and registered office on file with	n the
	Aaron S. Toney		
	804-B NW 16 Ave		16 H SEC
	Gainesville, FL 32601		全部易りを
6. The name and (if changed):	street address of the new registered agent (if	changed) and /or registered offic	PMID: 27
	Aaron S. Toney		22 1816
	925 NW 56 Terr, Suite B		
	P.O. Box NOT accept	table	
	Gainesville, FL 32605		
The street address changed will	ss of its registered office and the street addre be identical.	ess of the business office of its	registered agent,
Such change was authorized by the	s authorized by resolution duly adopted by it e board, or the corporation has been notified	ts board of directors or by an of lin writing of the change.	ficer so
	!	aron S. Toney, Preside	<u>nt</u>
I hereby accept I further agree to performance of	the appointment as registered agent and agr o comply with the provisions of all statutes r my duties, and I am familiar with and accep s document is being filed merely to reflect a that the corporation has been notified in wri	elative to the proper and complete the obligation of my position of	is registered
7	Ma	arch 3, 2016	
Sigi	nature of Registered Agent	Date	
If signing on be	nalf of an entity:		
Aaron S. To			
13	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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