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ASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: JODY ARMSTRONG PA Name of Corporation					
DOCUMENT NUMBER: 32 - 011 8400					
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					
JODY ARMSTRONG, PA Firm/Company					
11555 64 TH AVE					
SEMINOLE, FL 33772 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
TODY ARMSTRONG at (727) 385 · 3818 Name of Contact Person 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 Street Address: Amendment Section Division of Corporations Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of ch	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Flori ition organized under the laws of the State e or registered agent, or both, in the State	of FLORIDA
1. The name of	the corporation: JODY A	ARMSTRONG, PA	
2. The principa	l office address: 11555	64 15 AVE	
<u></u>		10LE, FL 33772	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: <u>5</u> /7	/2004 Document number: <u>32</u>	-0118400
	d street address of the current rurtment of State: (If resigned, en	egistered agent and registered office on file ter resigned)	e with the
	JODY ARMSTRO	Ng, Esq	_
	18012 3AD 5	7 E	<u> </u>
	REDINGTON SH	HORES, FL 33708	<u> </u>
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered	office
	JODY A ARM	STRONG	701 — TA
	11555 64 13	O. Box NOT acceptable	5 NOV
	SEMINOLE, F	FL 33772	TARY O
The street address changed will	ess of its registered office and be identical.	the street address of the business office o	
Such change was authorized by the	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by s been notified in writing of the change.	an office Fight 3
Signatu	Democtos ire of an officer or director	JOBY A ARMS Printed or typed name and	TRONG, PRESTDENT
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered to comply with the provisions of my duties, and I am familiar w is document is being filed mer that the corporation has been	l agent and agree to act in this capacity. of all statutes relative to the proper and c with and accept the obligation of my posit ely to reflect a change in the registered o notified in writing of this change.	complete ion as registered ffice address, I
Jody	armoting	10/26/15	
Sig	mature of Registered Agent	Date	
II signing on be	chalf of an entity:		
Т,	yped or Printed Name		
	* * * FII	LING FEE: \$35.00 * * *	