## P0400018101

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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06/28/04--01047--018 \*\*35.00

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Bob G. Freemon, P.A.		
(Name of corpo	ration)	
DOCUMENT NUMBER: P04000078701		
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the fo	O4 JUN 28 PM 4: 30 PM	:
Bob G. Freemon	1AK IASS	) )
(Name of person)		2
	E	)= ,
Bob G. Freemon, P.A.		
(Name of firm/cor	npany)	-
1611 West Platt Street		
(Address)		
Tampa, Florida 33606		
(City/state and zip	code)	
For further information concerning this matter, please call:		
Bob G. Freemon	at ( 813 ) 253-3600  (Area code & daytime telephone number)	
(Name of person)	(Area code & daytime telephone number)	)
Enclosed is a \$35.00 check made payable to the Department of	State.	
Mailing Address: Amendment Section	Street Address: Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	409 E. Gaines Street Tallahassee, FL 32399	

CR2E045(09/03)

## 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	
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.	
t. The name of the corporation: Bob G. Freemon, P.A.	
2. The principal office address: 1611 West Platt Street	
3. The mailing address (if different):same-	
4. Date of incorporation/qualification: 5/17/2004 Document number: P04000078701	1
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Bob G. Freemon	<del></del>
1907 West Kennedy Boulevard	PATA PATA
Tampa, Florida 33606	JUN 2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	O4 JUN 28 PM
Bob G. Freemon	- 10 Series 1 30
1611 West Platt Street	
(P.O. Box or personal mailbox NOT acceptable)	
Tampa, Florida 33606	<del></del>
The street address of its registered office and the street address of the business office of its regis changed will be identical.	tered agent, as
Such change was authorized by resolution duly adopted by its board of directors or by an office the board, of the corporation has been notified in writing of the change.	r so authorized by
Bob G. Freemon, President (Signature in an officer or director) (Printed or typed name and	d 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 patties, and I am familiar with and accept the obligation of my position as registered agent. Or, being filed merely to reflect a change in the registered office address, I hereby confirm that the obeen notified in writing of this change.	performance of my if this document is corporation has
/NU. 1 6/24/2004	
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:	
it aigning on ochait of an entry.	
(Typed or Printed Name) (Capacity)	· · · · · ·

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