

PO4000140279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

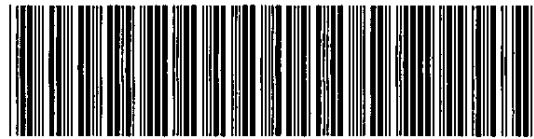
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A. Change

TB 7/31/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Christopher Pace, PA
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Christopher Pace
(Name of Contact Person)

Christopher Pace, PA
(Firm/Company)

8114 Hampton Glen Dr
(Address)

Tampa FL 33647
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Pace at (813) 758 7421
(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**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Christopher Pace, PA
2. The principal office address: 8114 Hampton Glen Dr Tampa FL 33617
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/11/04 Document number: P0900014 0079

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Christopher Pace
8229 Dunham Station Dr
Tampa FL 33647

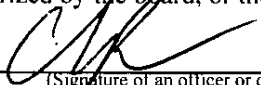
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Christopher Pace
8114 Hampton Glen Dr
(P.O. Box NOT acceptable)
Tampa FL 33647

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

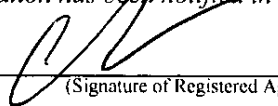
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

Christopher Pace 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)

7-20-08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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