## PD4000158357

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PICK-UP WAIT MAIL	
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## **COVER LETTER**

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation; Curt Jacobus, P.A.
2. The principal	office address: 2955 Pineda Cswy., Suite 119, Melbourne, Florida 32940
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 11/19/2004 Document number: P04000158357
	I street address of the current registered agent and registered office on file with the truent of State:
	Curt Jacobus
	707 W. Eau Gallie Blvd.
	Melbourne, Florida 32935
6. The name and (if changed):	A street address of the current registered agent and registered office on file with the timent of State:  Curt Jacobus  707 W. Eau Gallie Blvd.  Melbourne, Florida 32935  I street address of the new registered agent (if changed) and /or registered office
	Curt Jacobus
	2955 Pineda Cswy. Suite 119
	(P.O. Box NOT acceptable)
	Melbourne, Florida 32940
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be bard, or the corporation has been notified in writing of the change.
	Curt Jacobus, president
I hereby accept I further agree to of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
1/29	5/31/06
(Sie	mature of Registered Agent) (Date)
If signing on be	half of an entity:
(7)	Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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