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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

AJR JULIO

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: KATHERINE SAKKIS, P.A	of Corporation)	
(Author)	or Corporation)	
DOCUMENT NUMBER: P04000166013		
The enclosed Statement of Change of Registered C	ffice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
R. Wade Wetherington, E		
(Name of	Contact Person)	
Wetherington, Hamilton, Harrison & Fair, PA		
(Firm	n/Company)	
PO Box 172727_		
(Address)	
Tampa, FL 33672-0727		
(City/Sta	te and Zip Code)	
For further information concerning this matter, plea	ase call:	
	040 005 4040	
R. Wade Wetherington, Esquire (Name of Contact Person)	at (813) 225-1918 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Alea Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the De	epartment of State.	
• •	•	
Mailing Address:	Street Address:	
Amendment Section	Street Address: Amendment Section	
Division of Corporation	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

TO:

STÂTEMENT 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: KATHERINE SAKKIS, P.A.	
2. The principal office address: 2117 S. MANHATTAN AVENUE TAMPA FL 33629-5631	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/10/2004 Document number: P04000165985	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Wade Wetherington	
400 N. Tampa St., Suite 2625	
Tampa, FL 33602	
Tampa, FL 33602 5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	۱ ک
R. Wade Wetherington, Esquire	
1010 N. Florida Avenue	
(P.O. Box NOT acceptable) Tampa, FL 33602	
The street address of its registered office and the street address of the business office of its registered agent, is 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 other or director) R. Wade Wetherington, Esquire (Printed or typed name and title)	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument 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 Regulatored Agent) 2/13/06 (Date)	
f signing on behalf of an entity:	
R. Wade Wetherington, Esquire (Typed or Printed Name)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)