## P04000170479

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## **COVER LETTER**

SUBJECT: Air Doctor Z Inc. (Name of corporation)
· , ,
DOCUMENT NUMBER: P0400170479
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:
Air Doctof2 Inc. (Firm/Company)
2301 28th Ave florth (Address)
SI. Petersburg F1 33713 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (727) 82(-1961) (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 409 E. Gaines Street Tallahassee, FL 32399

## 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: Ar Doctor 2 Inc.
2. The principal office address: 2501 28th Auc, xlort
St. Petersburg F1 33713
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/20/04 Document number: PO4 000 170479
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Diegola Utrera, PH
1840 Sw 22h St., 45 Floor
Michi FI 33145 By 8
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Coll A
(P.O. Box NOT acceptable)
St. Petsbug F1 33713
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.
Water all Califfica A. Abberger
[Signature of Registered Agent]  [Printed or typed name and title]  (Printed or typed name and title]  [Printed or typed name and tit
If signing on behalf of an entity:
(Typed or Printed Name)

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