## P0400017068a

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## **COVER LETTER**

TO: Amend Division	ment Section in of Corporations	
SUBJECT: KE	EVIN WILLIAM BROWN, P.A. (Name of	corporation)
DOCUMENT	NUMBER: P04000170682	
The enclosed S	tatement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return al	l correspondence concerning this mat	ter to the following:
	Kevin W. Brown (Name of o	contact person)
	Kevin William Brown, P.A. (Firm/	Company)
	401 Miracle Mile, Suite 202	ddress)
	Coral Gables, FL 33134	
	(City/state	and zip code)
For further info	rmation concerning this matter, pleas	e call:
Kevin W. Brown		at (305) 401-0892 (Area code & daytime telephone number)
	(Name of contact person)	(Area code & daytime telephone number)
Enclosed is a \$3	35.00 check made payable to the Dep.	artment 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

CR2E045(6/04)

## FILED

## 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 Statute 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	_
1. The name of the corporation: Kevin William Brown, P.A.		
2. The principal office address: 401 Miracle Mile, Suite 202, Coral Gables, FL 33134		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 12/22/04 Document number: P04000170682	2	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
Kevin William Brown		
4300 SW 14 St		7.0
Miami, FL 33134	CRETARY OF STAT ANASSEE, FLORII	330
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Kevin William Brown		30 AM 9: 30
401 Miracle Mile, Suite 202	REDA	30
(P.O. Box NOT acceptable)		
Coral Gables, FL 33134		
The street address of its registered office and the street address of the business office of its regials changed will be identical.	stered age	ent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.		
Signature of an officer or director)    Kenn W. Brewn   Prosing   Printed or typed name and utile)	<u>~</u>	_
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 of my duties, and I am familiar with and accept the obligation of my position as registered ages document is being filed merely to reflect a change in the registered office address, I hereby concept that has been notified in writing of this change.	performa nt. Or if nfirm that	ince this the
(Signature of Registered Agent) (Date)		<u></u>
If signing on behalf of an entity:		
(Typed or Printed Name)		

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