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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Christopher E. Dolney, PA
Name of Corporation
DOCUMENT NUMBER: P04000170991
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 Dolney
Christopher Dolney Name of Contact Person
Christopher E. Delney, PA
Christopher E. Dolney, PA Firm/Company
. mis company
28 Clarendon Ct S
Address
Palm Coast, FL 32137
City/State and Zip Code
cdolney@cfl.rr.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
, , , , , , , , , , , , , , , , , , ,
Chris Dolney at (407) 593-1247 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of		
in orde	er to change its registered office or registered agent, or both, in the State of	Florida.	
1. The name of	the corporation: Christopher E. Dolney, PA		
2. The principal	office address: 28 Clarendon Ct S, Palm Coast, FL 32137		
<u>.</u>			
3. The mailing a	address (if different):	. ,	
· -			
		P04000170991	
	d street address of the current registered agent and registered office on file water of State: (If resigned, enter resigned)	ith the	
	151 N. Orlando Ave #234	_	
	Winter Park, FL 32789	,	
			
The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of	ffice	
	28 Clarendon Ct S		
•	Palm Coast, FL 32137	TASS A	f Aug Gradi
	P.O. Box NOT acceptable		j gara
			g i
The street addre	ss of its registered office and the street address of the business office of be identical.	its registered agent,	
Such change wa authorized by	as outhorized by resolution duly adopted by its board of directors or by an board, or the corporation has been notified in writing of the change.	n officer so	
Signatur	Christopher E. Dolney	, President	
I hereby accept I further agree t of my duties, and document is beit corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and co d I am familiar with and accept the obligation of my position as register ng filed merely to reflect a change in the registered office address, I here been notified in writing of this change.	mplete performance ed agent. Or, if this by confirm that the	;
	Manufatt 6 May 11/ 06/29/2011		
Sign	nature of Registered Agent Date		
If signing on bel	half of an entity:		
	ner E. Dolney, President		
	* * * 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)