

PD4000172893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

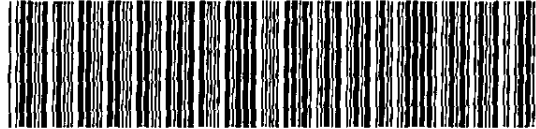
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** William Hahne, P.A.  
(Name of corporation)

**DOCUMENT NUMBER:** P04000172893

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:

KL Osborne  
(Name of contact person)

James L. Case, P.A.  
(Firm/Company)

2810 E. Oakland Park Blvd., #102  
(Address)

Fort Lauderdale, FL 33306  
(City/state and zip code)

For further information concerning this matter, please call:

KL Osborne at (954) 563-1000  
(Name of contact person) (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

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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.

- Fort Lauderdale, FL 33311

- Fort Lauderdale, FL 33305

(Printed or typed name and title)

2/9/05  
(Date)

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