

PO5000023312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

11/12/10--01016--024 \*\*35.00

(Document Number)

*Re Ch*

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

10 NOV 12 PM 1:39  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Andrew Wright P.A.  
Name of Corporation

DOCUMENT NUMBER: P 05000023317

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:

Mandy Force

Name of Contact Person

Franklin Street

Firm/Company

500 N. Westshore Blvd. #750

Address

Tampa, Fl 33609

City/State and Zip Code

mforce@fsfp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mandy Force

Name of Contact Person

at 813, 658-3357

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Florida, in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Andrew Wright PA

2. The principal office address: 500 N. Westshore Blvd. Suite 750  
Tampa, FL 33609

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/14/2005 Document number: P05000023312

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
Andrew Wright  
5420 Bay Center Dr. #100  
Tampa, FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Andrew Wright  
500 N. Westshore Blvd. Suite  
P.O. Box NOT acceptable  
Tampa, FL 33609

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.

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document 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.

If signing on behalf of an entity:

**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