P05000032719

(Requestors Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000180180770

05/12/10--01016--020 **35.00

SECRETARY OF STA



COVER LETTER

TO:	Amendment Se Division of Cor	ction porations						
SUBJ	ECT:	TRACY REYNO Name of C	OLDS, P.A.					
DOCU	J MENT NUMB I	er:P050	000032719					
The er	closed Statement	of Change of Registered Office	e/Agent and fee are submitte	ed for filing.				
Please return all correspondence concerning this matter to the following:								
Tracv M. Gialusis								
	Tracy M. Gialusis Name of Contact Person							
	Tracy Reynolds P.A. Firm/Company							
Firm/Company								
		4000 D	The state of the s					
	1308 Becca Teal Place Address							
		Add	ress					
Round Rock, TX 78681 City/State and Zip Code								
City/State and Zip Code								
Tray01@aol.com								
E-mail address: (to be used for future annual report notification)								
For fu	rther information	concerning this matter, please of	eall:					
	Trac	y M. Gialusis	at (727)	458-3203				
		f Contact Person	at (<u>727</u>) Area Code & Daytim	e Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.								
		Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Sec Division of Cor					
		P.O. Box 6327	Clifton Building	2				
		Tallahassee, FL 32314	2661 Executive Tallahassee, FL	Center Circle				

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

statement of cha	nge is submitted for a co	orporation organized	07.1508, or 617.1508, Flor I under the laws of the State I agent, or both, in the State	of Florida		
	he corporation: Tracy office address: 805 Ca		A. m Harbor, FI 34683			
3. The mailing a	ddress (if different): 13	08 Becca Teal P	Place, Round Rock, TX	78681		
4. Date of incorp	oration/qualification:	05/03/2005	_ Document number:	P05000032719		
	l street address of the cur tment of State: (If resign		t and registered office on fil	e with the		
	Tracy M. Reynolds					
	98 S. Highland Ave	e. #1501				
	Tarpon Springs, Fl	L 34689		TALLY TALLY		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Patricia M. Thomp	son				
	805 Cardinal Ave.					
	Palm Harbor, Fl 3	P.O. Box NOT acc	eptable			
The street addre	ess of its registered office be identical.	ce and the street add	lress of the business office	of its registered agent,		
=			vits board of directors or beed in writing of the change			
Signatur	Religion director		Tracy M. Reyno	olds, PRES.		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflec been notified in writin	istered agent and a isions of all statutes d accept the obliga of a change in the re g of this change.	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I i	l complete performance stered agent. Or, if this hereby confirm that the		
× Patricia M. Ihompson May 5, 2010 Signature of Registered Agent Date						
If signing on be	half of an entity:					
Patricia A	1. Thempson yped or Printed Name					

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

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

CR2E045 (8/05)