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Jan 2

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kodd M. Santomayo, P.A. (Name of Corporation)
DOCUMENT NUMBER: Po 5 0000 7 0 6 3 0
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:
(Name of Contact Person) Radd Mantomaure P.A. (Firm/Company)
3545 Fodder Nrive (Address) Hock/tolge FL 32955 (City/Mate and Zip Code)
For farther information concerning this matter, please call:
Model Santomano at 3/ 59/-7/67 (Name of Contact Person) at (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 for icla
	in order to change its registered office or registered agent, or both, in the State of Florida.
	1. The name of the corporation: Rodd M. Santomauro, P.A.
	2. The principal office of direction of the principal office office of the principal office office of the principal office of the principal office of the principal office office office office office
	Kockledge FL 32955
	3. The mailing address (if different): Sant as glace
	4. Date of incorporation/qualification: 5/12/05 Document number: Po 5 0000 70630
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
	- Kadd M Santomayo
4740 D	airy Road Suite 10 4951 By wat Street NE Saile 4
Melber	6. The name and street address of the new registered agent (if changed) and /or registered office
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
	Bodd M Sartomaro Fig & D
	P.O. Box NOT acceptable)
	Kockledge, FL 32955
	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 adihorized 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.
_	Container of an officer or director) Kodd Santomayo - Cresident
	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.
_	(Signature of Registered Agent) 4/30/08
	If signing on behalf of an entity:
	Kodel Cantomanso (Typed 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 * * *

Vilease also change the Officer, Principal, and Mailing Address to: 3545 Fodder Drive Rockledge, FL 32955 Same as the Registered Agent) Document #: P050000 70630 Rodd M. Santomano, P.A. Ma Thank you!

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