## P05000078835

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Michael Chase & Associates (Name of Co	r, P.A.
DOC	UMENT NUMBER: P05000078835	
	nclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.
	return all correspondence concerning this matter	•
	Michael V. Jemison (Name of Con	tact Person)
	Michael Chase & Associate (Firm/Co	es, P.A.
	24600 Sandhill Blvd (Addr	ess)
	Punta Gorda, FL 33983 (City/State an	d Zip Code)
For fu	rther information concerning this matter, please co	all:
Mich	ael V. Jemison (Name of Contact Person)	at ( 941 ) 764-8838 (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departi	ment 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: Michael Chase & Associates, P.A.
2. The principal office address: 24600 Sandhill Blvd, Punta Gorda, FL 33983
3. The mailing address (if different): 24600 Sandhill Blvd, Punta Gorda, FL 33983
4. Date of incorporation/qualification: 6-1-2005 Document number: P05000078835
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Walter S. Sanders
16528 North Dale Mabry Hwy
16528 North Dale Mabry Hwy  Tampa, FL 33618  6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) agent (if chan
(if changed):
Michael V. Jemison
24600 Sandhii Biva
(P.O. Box NOT acceptable)
Punta Gorda, FL 33983
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.
(Signature of an officer or director)  Michael V. Jemison, President (Printed or typed name and title)
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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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