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COVER LETTER

Division of Corporations
SUBJECT: Mary T. Kogut, P. A. (Name of Corporation)
DOCUMENT NUMBER: POSTOOO82458
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:
Many T. Kogut (Name of Contact Person)
Mary T. Kogut P.A. (Firm/Company)
768 S. Pennsylvania Ave. (Address)
Winter Park, FL 32789 (City/State and Zip Code)
For further information concerning this matter, please call:
Mary T. Kogut at (407) 758 - 640 / (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

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	e is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Flor organized under the laws of the State	of_Florida
		egistered agent, or both, in the State	
1. The name of the	corporation: Mary T.	Kozut, P.A. 168 S. Pennsylvani	
2. The principal off Winter f	ice address: 340 At 7	'68 S. Pennsylvani	a Ne.
3. The mailing add	ress (if different):		
	- Ialo	200	50000 824
	•	Document number: 10	
The name and str Florida Department	-	ered agent and registered office on fil	le with the
•	Mary T. Kozn	₹	
_	390 1/ 800 -64	Ale Suite 12	
_	Och Didage	2 Ave., Suite 12	~
_	Orlando, F	2 3270/	
6. The name and str (if changed):	reet address of the new registered	agent (if changed) and /or registere	d office SE
(ii changea).	Man T. K.	, 1811	ELY Y
_	710 S P.	Aug Aug	FLOR
_	(P.O. Box NOT acc	nsylvania Ave.	REF
_	Winter Par	K, FL 31789	
The street address as changed will be	of its registered office and the seidentical.	street address of the business office	of its registered
_		dopted by its board of directors or t en notified in writing of the chang	by an officer so
	,	Mary T. Kogy	
	of an officer of director)	• • •	
I hereby accept the I further agree to of my duties, and I document is being corporation has be	2 appointment as registered age comply with the provisions of a I am familiar with and accept th filed merely to reflect a change een notified in writing of this ch	ent and agree to act in this capacity Il statutes relative to the proper an ne obligation of my position as regi e in the registered office address, I tange.), d complete perfo stered agent. O hereby confirm i
	TKozvi ture of Registered Agent)	10/19/2005	

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 * * *