

P05000090495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

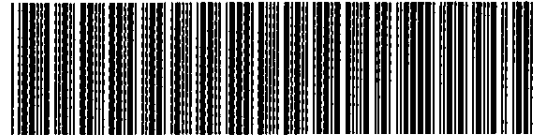
(Business Entity Name)

(Document Number)

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12/08/10--01017--005 **10.00

11/17/10--01005--014 **25.00

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2010 DEC -7 P 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO change
There is
12-8-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Darron Kattan P. A.
Name of Corporation

DOCUMENT NUMBER: POS000090495

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:

Darron Kattan
Name of Contact Person

Firm/Company

500 N. Westshore Blvd. Suite 750
Address

Tampa, FL 33609
City/State and Zip Code

darron.kattan@fsfp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darron Kattan at (813) 658-3355
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
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2010

DARRON KATTAN
DARRON KATTAN PA
500 N. WESTSHORE, SUITE 750
TAMPA, FL 33609

SUBJECT: DARRON KATTAN, PA
Ref. Number: P05000090495

We have received your document for DARRON KATTAN, PA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 410A00027485

RECEIVED
10 DEC - 7 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: Darron Kattan P.A.
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: 6/24/2005 Document number: P05000090495
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)

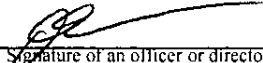
Darron Kattan
2934 W. Bayshore Court
Tampa, FL 33611

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

500 N. Westshore Blvd. Suite 750
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.


Signature of an officer or director

DARRON KATTAN
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

11-29-10
Date

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
CR2E045 (8/05)

FILED
2010 DEC -7 P 4:03
SECRETARY OF STATE
TALLAHASSEE, FL