

POS000144293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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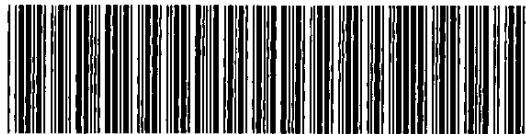
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2/14/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ani Oluku, P.A.

(Name of Corporation)

DOCUMENT NUMBER: P05000144293

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:

Ani A. Oluku, Esq.

(Name of Contact Person)

Ani Oluku, P.A.

(Firm/Company)

P.O. BOX 17391

(Address)

TAMPA, FL 33682

(City/State and Zip Code)

For further information concerning this matter, please call:

Ani Oluku, Esq.

(Name of Contact Person)

at (813) 775-8877

(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

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.

- CR2E045 (8/05)

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