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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2008

SUSAN B. COLUMBO  
REMAX 100  
1800 PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

SUBJECT: SUSAN B. COLUMBO, P.A.  
Ref. Number: P05000157404

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 508A00051879

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2008

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Susan B. Columbo PA.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000157404

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:

Susan B Columbo  
(Name of Contact Person)

Re/Max 100 The Columbo Team  
(Firm/Company)

1800 SE. Port St Lucie Blvd  
(Address)

Port St. Lucie Florida 34952  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan B Columbo at ( 772 ) 337-5545  
(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

**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: Susan B. Columbo PA.  
2. The principal office address: 1800 SE Port St. Lucie Blvd.  
Port St. Lucie, FL 34952  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-01-2005 Document number: P05000157404

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)

Susan B. Columbo PA  
1800 Port St. Lucie Blvd  
Port St. Lucie, FL 34952

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

Susan B. Columbo  
1806 SE Port St Lucie Blvd  
Port St Lucie, FL 34952  
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

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.

Susan B. Columbo, PA  
(Signature of an officer or director)

11-10-08  
(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:

alkfjsalckfj  
(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)