P05000157479

• (Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





400162135694

12/07/09--01021--025 **35.00

2009 DEC -7 PM 1: 42

R.A.

DEC 1 0 2009

COVER LETTER

TO: Ame Divis	endment Section sion of Corporations					
SUBJECT:_	Steven S. Lesko	ovich, P.A.				
•	Name of Co	rporation				
DOCUMEN	T NUMBER: P050	00157479				
The enclosed	d Statement of Change of Registered Office	Agent and fee are submitted for filing.				
Please return	all correspondence concerning this matter	to the following:				
	·	J				
Steven S. Leskovich						
Name of Contact Person						
Steven S. Leskovich, P.A.						
	Firm/Cor					
	265 E. Marion A	ve., Suite 112				
	Addre	ess				
	Punta Gorda,	FL 33950				
City/State and Zip Code						
	E-mail address: (to be used for fu	ture annual report notification)				
	·	,				
For further in	nformation concerning this matter, please ca	all:				
	Steven S. Leskovich	at (941) 575-5100				
	Name of Contact Person	at (941) 575-5100 Area Code & Daytime Telephone Number				
Enclosed is a	a \$35.00 check made payable to the Departn	nent of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	nte of Florida	
. 1. The name of t	the corporation: Steve	n S Leskovic	h PA		
2. The principal	office address: 265 E.	Marion Avenue	, Suite 112; Punta Go	orda, FL 33950	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	12/01/2005	Document number:	P05000157479	
	d street address of the cur tment of State: (If resign		nt and registered office on t	file with the	
	Steven S. Leskovi	ch			
1822 Broadway					
	Fort Myers, FL 33	901		ZOOS DEC	
6. The name and (if changed):	d street address of the new	w registered agent (i	if changed) and /or register	red office SS	
	Steven S. Leskovi	ch			
	265 E. Marion Ave	nue, Suite 112		PH 1: 42 PH 1: 42 PH 1: 42 PH 1: 42	
	Punta Gorda, FL 3		сершые	3 2*	
The street address changed will	ess of its registered office be identical.	ce and the street add	dress of the business offic	ce of its registered agent,	
			y its board of directors or led in writing of the chang		
Signatur	re of an officer or director	- -	Steven S. Leskov Printed or typed nam		
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as reg to comply with the prov ad I am familiar with an ng filed merely to reflec s been notified in writin	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	igree to act in this capaci is relative to the proper a ition of my position as reg egistered office address,	ty. nd complete performance zistered agent. Or, if this I hereby confirm that the	
5	KON'.		12/4/2	009	
	nature of Registered Agent		Date		
	half of an entity:				
	even S. Leskovich	<u>.</u>			

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