

PO5000-162856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

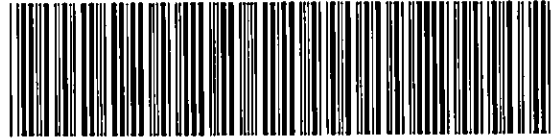
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200313303822

05/14/18--01023--025 \*\*35.00

FILED

2018 MAY 14 P 2 57

STATE OF IOWA  
JANAH A. ROBERTS, CLERK

MAY 15 2013  
T. LEWIS

ne

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Courte & Courte PA  
Name of Corporation

**DOCUMENT NUMBER:** P05000162856

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:

Mitchell J Courte  
Name of Contact Person

Courte & Courte PA  
Firm/Company

1199 Lape Ln  
Address

The Villages, FL 32163  
City/State and Zip Code

mjcourte@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mitchell J Courte at ( 239 ) 770-7882  
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: Courte & Courte PA
2. The principal office address: 1199 Lape Ln.  
The Villages, FL 32163
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2005 Document number: P05000162856

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)

Mitchell J Courte

15050 Lakeside Dr 1002

Altmyers, FL 33919

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

1199 Lape Ln

P.O. Box NOT acceptable

The Villages, FL 32163

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.

Mitchell J Courte  
Signature of an officer or director

Mitchell J Courte, Pres

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.*

Mitchell J Courte  
Signature of Registered Agent

May 9, 2018

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 (03/12)

FILED  
MAY 14 P 2:57  
TALLAHASSEE, FLORIDA  
REGISTRATION DIVISION