

P05000168290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

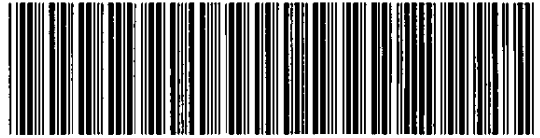
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400156744074

06/08/09--01022--003 **35.00

FILED
09 JUN -8 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rev by
5/10/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Robert E. Sickles, P.A.
Name of Corporation

DOCUMENT NUMBER: P05000168290

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:

Robert Sickles
Name of Contact Person

Robert E. Sickles, PA
Firm/Company

3405. W. Vasconia Street
Address

Tampa FL 33629
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Sickles at (813) 789-5962
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: Robert E. Sickles, P.A.
2. The principal office address: 3405 W. Vasconia Street
Tampa FL 33629
3. The mailing address (if different): ~~Same~~ 3405 W. Vasconia Street
Tampa FL 33629
4. Date of incorporation/qualification: 12/28/05 Document number: P05 000168290
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)

Robert E. Sickles
100 N. Tampa Street Suite 3500
Tampa FL 33602

FILED
09 JUN -8 AM 10:37
TALLAHASSEE, FLORIDA
DIVISION OF STATE

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

Robert E. Sickles
100 S. Ashley Drive Suite 500
Tampa FL 33602

P.O. Box NOT acceptable

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.

Robert E. Sickles
Signature of an officer or director

Robert E. Sickles, President
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.

Robert E. Sickles
Signature of Registered Agent

6/3/09
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)