P04000002442

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(City/State/Zip/Phone #)	
(,	
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SECRETARY OF STATE

Krin rn Change

Law Office of VICKI L. SHORT, P.A.

207 ORANGE AVENUE, SUITE C • FORT PIERCE, FLORIDA 34950 • PH: (772) 343-7476 • FAX: (772) 344-5106 • vicki.short@gmail.com

September 19, 2006

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Change of Principal and Mailing Address

Dear Sir/Madame:

Enclosed, please find a Statement of Change of Registered Agent and a check for the \$35.00 filing fee. In addition to this change, I am also requesting that the Principal and Mailing Addresses for the Law Office of Vicki L. Short, P.A. (former address: 2691 E. Oakland Park Blvd., Ft. Lauderdale, FL 33306) be changed to the following:

207 Orange Avenue, Suite C Ft. Pierce, FL 34950

Also, please change my address as president to the above new address.

Thank you for your kind attention. Should this letter not be sufficient to make these changes, please contact me at the above telephone number or new address.

Sincerely,

Vicki L. Short

President

COVER LETTER

Division of Corporations		
SUBJECT: Law Office of Vicki L. Short, P.A. (Name of Corporation)		
DOCUMENT NUMBER: P06000002642		
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:		
Vicki L. Short (Name of Contact Person)		
(iname of Confact Person)		
Law Office of Vicki L. Short, P.A. (Firm/Company)		
207 Orange Ave., Suite C, (Address)		
Ft. Pierce, FL 34950 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Vicki L. Shortat (772 At (772 Area Co) 343-7476 ode & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.		
Amendment Section Ame Division of Corporations Divi P.O. Box 6327 Clift Tallahassee, FL 32314 2661	et Address: endment Section sion of Corporations on Building Executive Center Circle whassee, 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 Statu statement of change is submitted for a corporation organized under the laws of the State of Florida Statu of the State of Florida Status of the State of Florida Stat	ida
in order to change its registered office or registered agent, or both, in the State of Florid	ла.
The name of the corporation; Law Office of Vicki L. Short, P.A.	
2. The principal office address: 2691 E. OAKLAND PARK BLVD., SUITE 402, FT. LAUDERDAL	E FL 33306
3. The mailing address (if different):	
4. Date of incorporation/qualification: 01/06/2006 Document number: P060000026	542
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	e
Vicki L. Short	
2691 E. OAKLAND PARK BLVD., SUITE 402	
FT. LAUDERDALE FL 33306	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Vicki L. Short	7 SE 06
207 Orange Ave., Suite C	THE SE T
(P.O. Box NOT acceptable)	P 2
Ft. Pierce, FL 34950	SHOW IN
The street address of its registered office and the street address of the business office of its repas changed will be identical.	Signature agent, C
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	ices 5
Vicki L. Short Pro (Signature of an officer or director) Vicki L. Short Pro (Printed or typed name and title)	esident
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 complet of my duties, and I am familiar with and accept the obligation of my position as registered ag document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	te performance zent. Or if this onfirm that the
/Signature of Registered Agent) 9-19-0 6	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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