

POB 000003940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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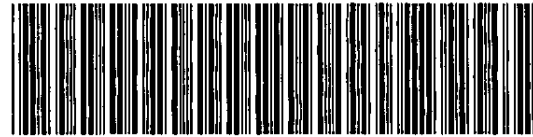
(Business Entity Name)

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LAKELAND, FLORIDA 33802-4628

HERITAGE PLAZA
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FAX (863) 676-0643

November 21, 2013

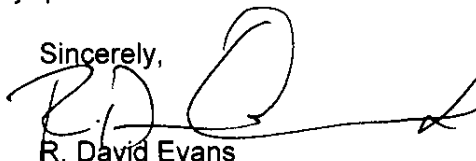
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Mariela K. Lung, D.M.D., P.A.
Change of Resident Agent

Dear Sir/Madam:

Please find enclosed for filing a Statement of Change of Registered Office of Registered Agent or Both for Corporations form, along with a check in the amount of \$35.00 representing the filing fee. Once filed, please return proof of filing using the envelope provided. Please do not hesitate to contact me should you have any questions.

Sincerely,



R. David Evans

RDE/lkm
Enclosures

M. DAVID ALEXANDER, III
JOHN B. ALLEN
PHILIP O. ALLEN
KEVIN A. ASHLEY
JACK P. BRANDON
JOSHUA K. BROWN
DEBRA L. CLINE
J. DAVIS CONNOR

JACOB C. DYKXHOORN
R. DAVID EVANS
DAVID G. FISHER
JOHN R. GRIFFITH
DAVID E. GRISHAM
WILLIAM H. HARRELL
JONN D. HOPPE

TIMOTHY E. KILEY
KEVIN C. KNOWLTON
DOUGLAS A. LOCKWOOD, III
DAVID A. MILLER
CORNEAL B. MYERS
E. BLAKE PAUL
ROBERT E. PUTERBAUGH

THOMAS B. PUTNAM, JR.
DEBORAH A. RUSTER
STEPHEN R. SENN
MATTHEW J. VAUGHN
KEITH H. WADSWORTH



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mariela K. Lung, D.M.D., P.A.
Name of Corporation

DOCUMENT NUMBER: P06000003940

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:

Kevin C. Knowlton

Name of Contact Person

Peterson & Myers, P.A.

Firm/Company

225 E. Lemon Street, Ste. 300

Address

Lakeland, Florida 33801

City/State and Zip Code

kknowlton@petersonmyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Knowlton

Name of Contact Person

at (863) 683-6511

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: Mariela K. Lung, D.M.D., P.A.
2. The principal office address: 5055 S. Lakeland Drive
Lakeland, Florida 33813
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/10/2006 Document number: P06000003940

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)

Jon D. Hoppe (resigned)
225 E. Lemon Street, Ste. 300
Lakeland, Florida 33801


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TALLAHASSEE, FLORIDA

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

Kevin C. Knowlton
225 E. Lemon Street, Ste. 300
P.O. Box NOT acceptable
Lakeland, Florida 33801

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.


Signature of an officer or director

MARIELA K. LUNG

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

11/11/2013

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)