(Requestor's Name)	
(Address)	200125737862
(Address)	200123737002
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/25/0881020004 ++35.00
(Document Number)	
Certified Copies Certificates of Status	7AL 17AL
Special Instructions to Filing Officer:	FILED 2008 APR 25 AM 9: 43 SECRETARY OF STATE ALLAHASSEE, FLORIDA
Office Use Only	

520V

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RAPH W. GARTNER, P.A. (Name of Corporation)
DOCUMENT NUMBER: P 060000 4541
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:
(Name of Contact Person)
RAGH W. GARTNER P.A. (Firm/Company)
2352D WISTERIA POINTEDR. #302
BONITA SIRINGS FL. 34135 (City/State and ZIp Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 272-4078 (Area Code & Daytime Telephone Number)
(Maine of Contact reison) (Alea Code & Daytine reiephone Munioer)

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

statement of cha	provisions of sections 607.050 ange is submitted for a corpora	ition organized	under the law	s of the State of _	
in orde	er to change its registered offic	e or registered	agent, or both	n, in the State of F	lorida.
1. The name of t	the corporation:	me.			
2. The principal	office address:	·			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification:		_ Document n	umber: POG	60000454
	d street address of the current retrient of State:	egistered agent	and registered	d office on file wit	h the
	DeFFein Z	- an	5		
	809 warke	e5.14	Dace	Suite 5	SECT
	Maples,	Flor.da	3411		AHASSO TO
6. The name and (if changed):	d street address of the new regi			_	150 B
	23520 WISTO (P.O. Box N	W. GA	RTNER		A SECTION OF THE PARTY OF THE P
	23520 WIST	ERIA POI	NTE DA	#30	<u>ح</u>
	BONITA SPA	RINGS	FL 3	34135	_
The street addre	ess of its registered office and be identical.	the street addr	ress of the bu	siness office of it	s registered agent,
Such change wa	as authorized by resolution du he board, or the corporation h	uly adopted by as been notifie	its board of o	lirectors or by an of the change.	officer so
1-3l	ure of an officer or director)	2 \(\frac{1}{2} \)	Ralph W	GARINER nted or typed name and	OWNER
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a ch s been notified in writing of th	d agent and ag of all statutes ept the obligati jange in the reg his change.	ree to act in relative to th ion of my pos gistered offic	this capacity. e proper and con ition as registere e address, I hereb	aplete performance d agent. Or, if this by confirm that the
1000	gnature of Registered Agent)			4/22/2 (Date)	2008
If signing on be	chalf of an entity:			·	
	Typed or Printed Name)				

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