

706000023250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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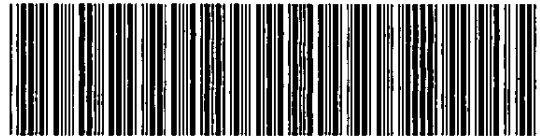
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-15-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MICHAEL D. FLUKE, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P06000023250

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:

Michael D. Fluke  
Name of Contact Person

MICHAEL D. FLUKE, P.A.  
Firm/Company

2451 McMullen Booth Road  
Address

Clearwater, FL 33759  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael D. Fluke, Esq. at ( 813 ) 380-9095  
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

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.

2. The principal office address: 2451 McMullen Booth Road, Clearwater, FL 33759

3. The mailing address (if different):

4. Date of incorporation/qualification: 02/15/2006 Document number: P06000023255

Michael D. Fluke

4263 Henderson Blvd., TAMPA, FL 33629

**Michael D. Fluke**

2451 McMullen Booth Road

P.O. Box NOT acceptable

Clearwater, FL 33759

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

**Michael D. Fluke**  
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

Michael D. Fluke  
Date

If signing on behalf of an entity:

Michael D. Fluke

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Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)