

PO 6000048188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

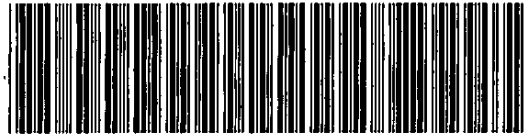
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: KOVACH & ASSOCIATES, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P06000048188

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 T. Kovach, Jr., Esquire
(Name of Contact Person)

Kovach & Associates, P.A.
(Firm/Company)

Post Office Box 635
(Address)

Inverness, Florida 34451
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael T. Kovach, Jr., Esquire at (352) 341-5557
(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

