

PO6000062895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700082282347

12/06/06--01016--014 **35.00

RA to chg.

FILED
06 DEC -6 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 07 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAUREEN STEINMEYER CPA PA
(Name of Corporation)

DOCUMENT NUMBER: P06000062895

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:

MAUREEN STEINMEYER
(Name of Contact Person)

MAUREEN STEINMEYER CPA PA
(Firm/Company)

225 W. STATE RD 434, STE 215
(Address)

LONGWOOD FL 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

MAUREEN STEINMEYER at (407) 331-4224
(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

**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: MAUREEN STEINMEYER CPA, PA.
2. The principal office address: 225 W. STATE ROAD 434, STE 215
LONGWOOD FL 32750
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/3/06 Document number: P 06 000062895
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD, STE 101
TALLAHASSEE FL 32301-2960

FILED
06 DEC -6 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MAUREEN STEINMEYER
225 W. STATE RD 434, STE 215
(P.O. Box NOT acceptable)
LONGWOOD FL 32750

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.

Maureen Steinmeyer
(Signature of an officer or director)

MAUREEN STEINMEYER
(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.

Maureen Steinmeyer
(Signature of Registered Agent)

12/1/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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