

PD60000069654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

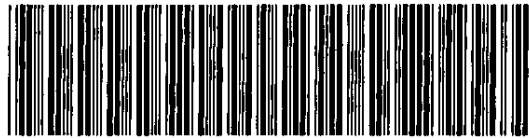
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLESSING LEGAL, PROFESSIONAL ASSOCIATION  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000069654

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:

DAVID B. BLESSING  
(Name of Contact Person)

BLESSING LEGAL, PROFESSIONAL ASSOCIATION  
(Firm/Company)

P.O. BOX 536517  
(Address)

ORLANDO, FL 32853-6517  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID B. BLESSING at ( 407 ) 896-8569  
(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

