P06000081447

(Requestor's Name)
A.D
(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



400081673024

11/13/06--01033--014 **35.00

OG NOV 13 PH ID 49
SECRETARY OF STATE
TALL'AHASSEE ELOSIE

KHIT HARMAN

COVER LETTER *

	FO: Amendment Section Division of Corporations
	SUBJECT: Jonathan C. Bennett, P.A.
$\hat{\alpha}$	DOCUMENT NUMBER: (Name of Corporation) OCSIG47
	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:
	SOWATHAN C. BENNETT (Name of Contact Person)
	JONATHAN C. BENNETT, P.A. (Firm/Company)
	11601 Highbury Way
	Address) AMM F (City/State and Zip Code)
	For further information concerning this matter, please call: Sovation Seminary Sovation Seminary Sovation So
,	(France of Contact Follows) (France of Says and Follows)

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

Puzsuant 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>Sonathan C. Bennett</u> , P.A
2. The principal office address: 160/174h Navy Vous
3. The mailing address (if different): Same 95 above
4. Date of incorporation/qualification: 6/14/06 Document number: P0600081647
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: Gene 1985 HESS PHESS CPA'S, P.A.
288/Old (48/he D).
witer resk 12 327 200
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
915 Outer Road Ste 100 8
(P.O. Box NOT acceptable) ORLANDO, FL 32814
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, on the corporation has been notified in writing of the change.
(Signature of an officer of director) Jonathan C Bouned Preside (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.
Sene Head Prod. 11/1/06 (Signature of Hegistered Agent) (Date)
f signing on behalf of an entity:
Heas + Hess CPA's P.A. (Typed or Printed Name)

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