## P06000/27436

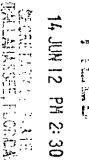
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## COVER LETTER

SUBJECT: The Law Offices of Micolle D. Rosenberry, P.A.
Traine of Corporation
DOCUMENT NUMBER: <u>PO 6000 1 2 7 436</u>
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:
Mi colle Rosenberry Dan's Name of Contact Person
The Law Offices of Micolle D. Rosenberry Firm/Company P.A.
4812 San Juan Avenue Address
Jackson ville FL 32210 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Micoile Rosensery Davis at 904 805-8881  Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

TO:

Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br/>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: The Law Offices of Micolie D. Rosen Leny, G.
2. The principal office address: 48/2 San Tilan Areas
2. The principal office address: 48/2 San Juan Avenue  Jacksonville, FL 32210
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/4/06 Document number: P06000/27436
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Mi Wile O. Rosenberry, Esq.  9951 Atlantic Blud # 235  Tacksonville, FL 32225
9951 Atlantic Blud # 235
Jacksonville, FL 32225
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
micolle D. Rosensery, Esq.
Micolle D. Rosensery, Esq. 4812 San Juan Avenue P.O. Box NOT acceptable
P.O. Box NOT acceptable  Jacksonville, FL 32210
,
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.
Signature of an officer or director  Micolla D. Rosen Zerry, Esq.
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 6/10/14  Date
If signing on behalf of an entity:
Micolle D. Rosenberry, Esq.
* * * FILING FEE: \$35.00 * * *
Make Checks payable to Florida Department of State  Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  CR2E045 (03/12)