P06000/34327

(Requestor's Name)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

Division of Corporations					
SUBJECT: Michael B. Bittner, P.A.					
^.	r vara N				
Dear Sir or Madam:					
The enclosed Statement of Change of Refee(s) are submitted for filing.	egistered Agent/Registered Office for I	, and			
Please return all correspondence concern	ning this matter to the following:				
Michael B. Bittner					
(Name of Person)					
Michael B. Bittner, P.A.					
(Firm/Company)					
525 N. 3rd Street Suite 211					
(Address)					
Jacksonville Beach, FL 32250					
(City/State and Zip Cod	le)				
For further information concerning this	matter, please call:				
Michael B. Bittner	_at (904) 608-1289				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	• • • • • • • • • • • • • • • • • • • •				
Enclosed is a check for the following a	amount:				
✓ \$35.00 Filing Fee	□\$43.75 Filing Fee & Certified Copy				

TO:

Registration Section

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR LOCAPORA TIME

PURSUANT TO SECTION 607.050\$, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. Michael B	. Bittner, P.A.				
2 10/23/06		P06000134327	4 2	05753807	
_,	rida registration date)	(Florida document n		(FEI Number,	if applicable)
5, 525 N. 3rd	d Street Suite 211			•	
- ·		(Principal office add	ess)		
6. Name and	l address of registered	agent and office currentl	y on record	with this office:	
	Michael B. Bittner				· •••
<u>.</u>	7792 Deerwood Poi	nt_Court			78E
	Jacksonville, FL 322	56		· 	经等
7. New regis	stered agent and/or off	ce address:			SSEE
	Michael B. Bittner				75 13
	525 N. 3rd Street Su	ite 211			ORIGINAL PROPERTY OF THE PROPE
	Jacksonville Beach	, FL 32250			•
	(Note: F	egistered office must be a Fl	orida street ade	iress)	_
registered	agent are identical.	red office and the street a			
	nge was authorized by d by the board of dire	the board of directors of ctors.	or an officer	of the corporation	1 so
10.	Wilhare	B. Sitter			****
•	' (Signa	ture of chairman, vice chairm	nan, or officer)		
11	Presiden	and capacity of person sign		10.1	_
	(Name	e and capacity of person sign	ng in number	10 above)	
I hereby	e of new registered ago accept the appointment ons of section 607.050	ent as registered agent.	lam familia	r with and accept	the
	Wilsel 1 J	appointment)	-	8/7/07	Date)

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314