POTOUUS 653

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(Cit	y/State/Zip/Phone	· #)
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Timothy D. Padgett P.A.
5520.	Name of Corporation
DOCU	JMENT NUMBER:_ P07000038683
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Laura K. Conrad
	Name of Contact Person
	Timothy D. Padget, P.A.
	Firm/Company
	6267 Old Water Oak Rd Ste 203
	Address
	Tollahassaa El 22212
	Tallahassee, FL 32312 City/State and Zip Code
	, ·
	info@padgettlaw.net
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Laura K. Conrad 850 422-2520
	Name of Contact Person at (850 422-2520 Area Code & Daytime Telephone Number
Enclos	sed 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

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in orde	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Timothy D. Padgett, P.A
2. The principa	office address: 6267 Old Water Oak Rd Ste 203 Tallahassee, FL 32312
3. The mailing	address (if different):
4. Date of incor	rporation/qualification: 3/27/2007 Document number: P07000038683
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Claire Duchemin ESQ
	6267 Old Water Oak Rd Ste 203
	Tallahassee, FL 32312
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	P.O. Box NOT acceptable
	Tallahassee, FL 32312
The street addr as changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.
Such change was authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Non-at	ure of an officer or director Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered iis document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sig	gnature of Registered Agent Date
f signing on be	ehalf of an entity:
Laux	a K Conrad
_ Laux	Typed or Printed Name * * * 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)