## P07000053761

(Requestor's Name)	_			
(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:	٦			

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RA Change 09-25-09 Dc

## **COVER LETTER**

TO: Amendmen Division of	nt Section f Corporations				
SUBJECT:	Lytle, Sherry & Higg Name of Co	inbotham, P.A.			
DOCUMENT NU	MBER: P0 700	0053761			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all co	rrespondence concerning this matter	to the following:			
	Mary E Name of Cor	. Lytle			
	Name of Cor	itact Person			
	Lytla Sharay &	Higginbothom			
	Lytle, Sherry & Firm/Co	mpany			
	1916 East Rol	binson Street			
	Addı	ress			
	Orlando, Flo City/State an	rida 32803			
	City/State an	d Zip Code			
_	mlytle@ls				
	E-mail address: (to be used for fu	iture annual report notification)			
For further informa	ation concerning this matter, please c	all:			
	Mary E. Lytle	at ( 407 ) 956-1056			
Nar	ne of Contact Person	at ( 407 ) 956-1056 Area Code & Daytime Telephone Number			
Enclosed is a \$35.0	00 check made payable to the Departs	ment 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S inge is submitted for a corporation organized under the laws of the State of $\overline{F}$ r to change its registered office or registered agent, or both, in the State of Fl	lorida		
1. The name of t	the corporation: Lytle, Sherry & Higginbotham, P.A.			
	office address: 1916 East Robinson Street			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: $\frac{5/3/07}{}$ Document number: $\frac{P0706}{}$	000	537	161
	I street address of the current registered agent and registered office on file with trment of State: (If resigned, enter resigned)	h the		
	Mary E. Lytle			
	390 North Orange Avenue Suite			
	Orlando, Florida 32801	ASS.	09	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	RETAR)	SEP 23	The same of the sa
	Mary E. Lytle	F. 07	A	i i
	1916 East Robinson Street	26 J.	9.	
	P.O. Box NOT acceptable Orlando, Florida 32803	a H	ĊĬ	
The street addre	ess of its registered office and the street address of the business office of its be identical.	registe	ered ag	ent,
	as authorized by resolution duly adopted by its board of directors or by an ne board, or the corporation has been notified in writing of the change.			
Signatur	Mary E. Lytle, Pres Printed or typed name and titl			
I hereby accept I further agree to of my duties, an document is bei corporation has	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 com d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereb been notified in writing of this change.	plete po l agent. y confii	erform Or, ij rm thai	ance this the
May	righter of Registered Agent September 18, 2	200	9_	
If signing on be	half of an entity:			
Mar	y E. L. He yped or Printed Name			

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