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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: THE LAW OFFICE OF ARLENE C. UDICK, P.A. (Name of Corporation)				
DOCUMENT NUMBER: P07000057235				
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:				
Arlene C. Udick, Esq. (Name of Contact Person)				
Law Offices of Arlene C. Udick P.A. (Firm/Company)				
P.O. Box 2094 (Address)				
Lady Lake, FL 32158-2094 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Arlene C. Udick, Esq. at (352) 391-1888 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

	•	2, 617.0502, 607.1508, or 617.1508, Florida $\mathfrak S$ tion organized under the laws of the State of $_$		
		e or registered agent, or both, in the State of F		
1. The name of	the corporation: THE LAW OFF	FICE OF ARLENE C. UDICK, P.A.		
2. The principal	office address: 39245 TACOM	IA DRIVE		
3. The mailing a	address (if different): P.O. Box	2094		
4. Date of incorp	poration/qualification: May 10	, 2007 Document number: P070000	057235	
	d street address of the current re rtment of State:	egistered agent and registered office on file wi	th the	
	Arlene C. Udick		_	
	109 N. OLD DIXIE HIG	HWAY	_	
	LADY LAKE FL 32159 L	JS	<u> </u>	•
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered off	P 19	
	39245 TACOMA DRIVE	E	D BN D E, FLOR E, FLOR	
	(P.O. Box No Lady Lake, FL 32159	OT acceptable)	ATE ATE	
The street addr	ess of its registered office and be identical.	the street address of the business office of it	ts registered agent,	
Such change wauthorized by t	as authorized by resolution du he board, or the corporation ha	lly adopted by its board of directors or by an as been notified in writing of the change.	n officer so	
arlene	ure of an officer or director)	ARLENZ C Ud		K
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered to comply with the provisions nd I am familiar with and acce ing filed merely to reflect a ch s been notified in writing of th	d agent and agree to act in this capacity, of all statutes relative to the proper and con ept the obligation of my position as registere ange in the registered office address, I here iis change.	mplete performance ed agent. Or, if this by confirm that the	
Gelere	. C. Udect	9/16/2007		
•	ignature of Registered Agent) chalf of an entity:	C (Date)		
ARLENE C. U				
	Typed or Printed Name)		•	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 . CR2E045 (8/05)

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