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(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	e)
(Do	ocument Number)	·
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LYNN Sorensen, P.A. (Name of Corporation	n)
DOCUMENT NUMBER: POT 000057375	5
The enclosed Statement of Change of Registered Office/Agent as	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the following	•
Wann Sorensen (Name of Contact Person	on)
Lynn Sorensu, P.A. (Firm/Company)	·
(Firm/Company)	
1016 Sea Hawk Dr. (Address)	
Porte Vedra Beach, Fl (City/State and Zip Co.	32082 de)
For further information concerning this matter, please call:	
(Name of Contact Person) at (A)	rea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of S	itate.
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

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: Lynn Soresen, P.A.
2. The principal office address: 1545 Landon Ave -> + Email Sent on 5/18/07 to Jacksonville, Q 32207 / Change both of these aftersor
3. The mailing address (if different): (Some) 1016 Sea Hawk Dr. Porte Vedra Beach, FL 32082
4. Date of incorporation/qualification: 5/11/07 Document number: P07000057375
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Lynn Sosensen, P.A.
1545 Landon Ave.
Jacksonville, FL 32207
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
<u> </u>
1016 Sea Hawk Dr. (P.O. Box NOT acceptable)
Ponte Vedra Beach, FL, 32082
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) Lynn Sorenson, P.A. (Printed or typed name and title)
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) 5/18/07 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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