## P07000057838

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
		,		
(Bu	ısiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
·				
		•		

Office Use Only



600104797276

06/26/07--01005--014 \*\*35.00

07 JUN 26 PH 2: 34 SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

FILED

R-A Change

C. Soullette JUN 2 8 2007

## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SUBJECT: The Law Offices Of D. Grant Leggett, P.A.  (Name of Corporation)						
DOCU	DOCUMENT NUMBER: P07000057838					
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:						
	Grant Leggett (Name of Contact Perso	on)				
The Law Offices Of D. Grant Leggett, P.A.  (Firm/Company)						
4237 Salisbury Road, Suite 113 Building 1 (Address)						
Jacksonville, FL 32216 (City/State and Zip Code)						
For fu	urther information concerning this matter, please call:					
Grant	(Name of Contact Person) at (90)	4 ) 874-1518 ea Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.						
	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	nge is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	<u> </u>		
1. The name of t	he corporation: The Law Offices Of D	). Grant Leggett			
2. The principal Jacksonville	office address: 4237 Salisbury Road, , FL 32216	Suite 113 Building 1			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 05/10/2007	Document number: P07000057838	3		
	I street address of the current registere timent of State:	ed agent and registered office on file with the			
	LEGGETT, DONALD G MR. 7990 BAYMEADOWS RD. EAST JACKSONVILLE FL 32256 US				
			<b>07 JI</b> SECR TALLA		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		JUN 26 RETARY AHASSE		
	4237 Salisbury Road, Suite	113 Building 1	PH C		
Jacksonville, FL 32216  (P.O. Box NOT acceptable)			2: 31, STATE LORIDA		
		reet address of the business office of its regis			
Such change wa authorized by the	as authorized by resolution duly adone board, or the corporation has been	pted by its board of directors or by an office n notified in writing of the change.	er so		
D Gust	ire of an office of director)	D. Grant Leggett (Printed or typed name and title)	<del></del>		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this chai	t and agree to act in this capacity, statutes relative to the proper and complete obligation of my position as registered ager n the registered office address, I hereby con, nge.	performance it. Or, if this firm that the		
D. Santo	Lyon	06/19/2007 (Date)			
	gnature of Registered Agent) chalf of an entity:	(Date)			
D. Grant Leg	•				

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 \* \* \*