## P07000066025

(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:	
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R.A. Change

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJE	ECT: WILLIAM H FITZGERALD JR, PA (Name of Corporation)
DOCU	MENT NUMBER: P07000066025
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:
	BEN GOLDEN
	(Name of Contact Person)
	HOWELL & GOLDEN, PA (Firm/Company)
	1607 LISENBY AVE, STE A (Address)
	PANAMA CITY, FL 32405 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
BEN C	OLDEN at (850 ) 215-3093 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclose	ed 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

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

1. The name	of the corporation: WILLIAM H FITZG	GERALD JR, PA
	ipal office address: 1514 THURSO RD	
3. The maili	ng address (if different):	
4. Date of in	acorporation/qualification: 06/05/2007	Document number: P07000066025
	and street address of the current register epartment of State:	ered agent and registered office on file with the
	CORPORATION SERVICE	COMPANY
	1201 HAYS STREET	SEC TALL
	TALLAHASSEE, FL 32301	DEC 28
6. The name (if change		ed agent (if changed) and /or registered office
	HOWELL & GOLDEN, PA	2: 3 I
	1607 LISENBY AVE, STE	
	(P.O. Box NOT acc	
_		street address of the business office of its registered agent,  dopted by its board of directors or by an officer so een notified in writing of the change.
11/16 (ST	gnature of an officer or angewor)	WILLIAM H. FITZGERALD, Se PRESIDE
hereby acc further agr of my duties locument is corporation	rept the appointment as registered ago ree to comply with the provisions of a , and I am familiar with and accept the being filed merely to reflect a change has been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
<i>15</i> —	J//	12/05/07
	(Signature of Registered Agent)	(Date)

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 \* \* \*