P070001231098

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Sooth + ASSOCIATES + A. (Name of Corporation)
DOCUMENT NUMBER: P07000123698
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:
Richard C Booth (Name of Contact Person)
Booth + Associates PA. (Firm/Company)
POBOX 12639 (Address)
TALLA MASSER FL 32317 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (RSP) 2(2-6564) (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 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Booth + Associates P.A.
2. The principal office address: 102 EAST GRANADA BLVD.
ORMOND BEACH, FL 32176
ORMOND BEACH, FL 32176 3. The mailing address (if different): PO BOX 12639, TAllAlmnee, FL
32-317
4. Date of incorporation/qualification: 11/14/07 Document number: P07000123698
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
SPIEGEL & UTRERA, P.A.
1840 CORAL WAY 4th 7Lwns sign
MIAMI, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): Tichard C Tooth
102 EAST GRANADA BLUD. (P.O. BOX NOT acceptable)
ORMOND Beach, FL 32176
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) Richard C Tooth DPS (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.
12-29-08
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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