(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600152672836

05/04/09--01029--019 **35.00

COVER LETTER

Amendment Section Division of Corporations

TO:

•	
SUBJECT: Yasmine S. Awad P.A. (Name of Co	amoration)
(Name of CC	riporation)
DOCUMENT NUMBER: P07000126506	
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:
Yasmine	e S. Awad
(Name of Con	tact Person)
Yasmine S	S. Awad P.A.
(Firm/Co	mpany)
1223 Ba (Addr	rbizon Ln
www.	css)
Naple, (City/State and	FL 34104 d Zip Code)
For further information concerning this matter, please ca	•
For further information concerning this matter, please of	211.
Yasmine Awad	at (239) 269-0501 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departr	ment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Yasmine S. Awad P.A.
2. The principal	office address: 1223 Barbizon Ln, Naples, FL 34104
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 11/21/2007 Document number: P07000126506
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Yasmine S. Awad
	Yasmine S. Awad 2837 Arbutus St Naples, FL 34112
	Naples, FL 34112
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Yasmine S. Awad
	1223 Barbizon Ln
	(P.O. Box NOT acceptable)
	Naples, FL 34104
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wanthorized by t	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
- Cylinal (Signal	Yasmine S. Awad, President (Printed or typed name and title)
Litereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the us been notified in writing of this change.
- Jaking	ignature of Registered Agent) (Date)
Le signing on be	ehalf of an entity:
	Yasmine S. Awad Typed or Printed Name)

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