## P08000006461

(Re	questor's Name)	
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(0	y, 2 1010. <u>—</u> .p., 1101.	<b>,</b>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	}
Certified Copies	Certificate	s of Status
	<b>-</b>	
Special Instructions to	Filing Officer:	
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Rochange Thurs 12-8-10

## **COVER LETTER**

TO: Amendment Section Division of Corporation	on rations	
SUBJECT:	The Kaple Law Fir	rm, P.A.
DOCUMENT NUMBER	: P08000	0006461
The enclosed Statement of	Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all correspon	dence concerning this matter to t	he following:
	Joseph K. K	aple
	Name of Contact	Person
	Firm/Compa	nnv
	Timi Compt	,
	4600 Mobile Hw	v #0-170
	4600 Mobile Hw	y #9-170
	Pensacola, FL	32506
	City/State and Zi	p Code
	ilianda Obradala	
E-mail	jkaple@kaplela address: (to be used for future	w.com e annual report notification)
13 114.1	address. (to be asea to: tatal	
For further information con	ncerning this matter, please call:	
Joseph	n K. Kaple	937-7467
	ontact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check	made payable to the Departmen	t of State.
М	ailing Address:	Street Address:
Ai	mendment Section	Amendment Section
	ivision of Corporations O. Box 6327	Division of Corporations Clifton Building
	ollahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: The Kaple Law Firm, P.A.
2. The principal of	office address: 4600 Mobile Hwy #9-170, Pensacola, FL 32506
3. The mailing ad	ldress (if different):
4. Date of incorpo	oration/qualification: 1/17/2008 Document number: P08000006461
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Joseph K. Kaple
	2999 NE 191 Street Suite 704
	Aventura FL 33180
6. The name and (if changed):	Aventura FL 33180  street address of the new registered agent (if changed) and /or registered office  Joseph K. Kaple
,	Joseph K. Kaple
	4600 Mobile Hwy #9-170  P O. Box NOT acceptable
	P.O. Box NOT acceptable 2007
The street addres as changed will l	es of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by he	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Sygnature	Joseph K., Kaple, President Printed or typed name and title
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance if I am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sign	ature of Registered Agent Date
If signing on beh	nalf of an entity:
Jaseph	K. Kaple

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