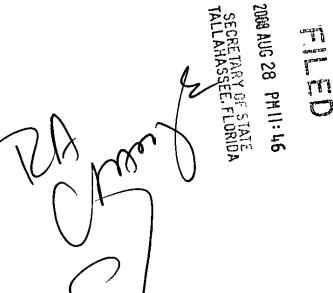
## 080001824

(Requestor's Name)	
(Address)	300134940803
(Address)	
(City/State/Zip/Phone #)	08/28/0801012017 <b>*</b> *35
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	200 TA
Special Instructions to Filing Officer:	2008 AUG 28 PH II: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	I MO O

Office Use Only



\*\*35.00

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Silas R. Eubanks P.A. (Name of Co	orporation)
DOCU	MENT NUMBER:	
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:
	Silas R. Eubanks (Name of Con	ntact Person)
	Silas R. Eubanks, P.A. (Firm/Co	mpany)
	182 Rosehill Dr. (Addi	ress)
	Tallahassee, Florida, 32312	
	(City/State an	d Zip Code)
For fur	ther information concerning this matter, please c	all:
Silas F	R. Eubanks (Name of Contact Person)	_at ( 850 ) 894-0456 (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Depart	ment 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation: Silas R. Eubanks, D.A.
2. The principal office address: 182 Rosehill Dr., Tallahassee, Florida
3. The mailing address (if different): same
A. Date of incorporation/qualification: Feb. 19, 2008 Document number: p08000018240
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
spiegel and utrera, p.a.
1840 coral way 4th floor
miami, florida 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Silas R. Eubanks
Silas R. Eubanks  182 Rosehill Dr  (P.O. Box NOT acceptable)  Tallahassee, Florida 32312
(P.O. Box NOT acceptable)
The street address of its registered office and the street address of the business office of its registered agents as changed will be identical.
Such change was authorized by resolution dolly adopted by its board of directors or by an officer secundant horized by the board or the object of the board of the change.  Silas R. Eubanks sole stockholder  (Printed or typed name and title)
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 filled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  (Signature of Registered Agent)  (Date)
f 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
05)

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