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JUL 21 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EDMOND C PUDLET NOR, P.A. Name of Corporation
DOCUMENT NUMBER: \$0800029498
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:
SHANDN J PUDLEINER Name of Contact Person
Firm/Company
472 WORTHINGTON ST Address
MARCO ISLAND, FL. 34145 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHANON PUDLEINER at (239) 601-6362 Name of Contact Person Area Code & Daytime Telephone Number
realle of Confact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

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

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.
1. The name of the corporation: EDMOND & PUDLEINER P.A.
2. The principal office address: 473 WORTHINGTON ST
MARCO ISLAND, FL. 34145
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/19/08 Document number: PO 80000 29498
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)
EDMOND & PUDLEINER
472 WORTHINGTON ST
MARCO ISLAND, FL. 34145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SHARON J PUDLEINER
472 WONTHING TON ST P.O. BOX NOT acceptable
MARCO ISLAND, FL 34145
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.
Maron Publish Signature of an officer or director Signature of an officer or director 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.
Marin Pudlerm 7/15/15 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 * * *