

P08000050630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

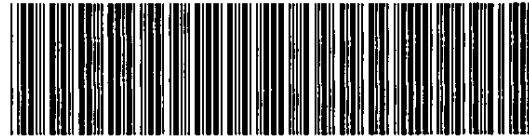
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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registered
Address
change

08/27/10--01016--011 **35.00

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2010 AUG 27 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kimsey & DeBari, P.A.
Name of Corporation

DOCUMENT NUMBER: P08000050630

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:

Thomas J. DeBari
Name of Contact Person

Kimsey & DeBari, P.A.
Firm/Company

4909 Southfork Drive
Address

Lakeland, FL 33813
City/State and Zip Code

tdebari@kimseydebari.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J. DeBari at (863) 648-9292
Name of Contact Person 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

KIMSEY & DEBARI, P.A.

ATTORNEYS AND COUNSELORS AT LAW

L. CHRISTOPHER DeBARI
THOMAS J. DeBARI*
PAUL S. KIMSEY*

*FLORIDA BAR BOARD CERTIFIED
CIRCUIT CIVIL MEDIATOR

4909 SOUTH FORK DRIVE
LAKELAND, FLORIDA 33813
TELEPHONE (863) 648-9292
FACSIMILE (863) 648-9288

August 25, 2010

Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Kimsey & DeBari, P.A.

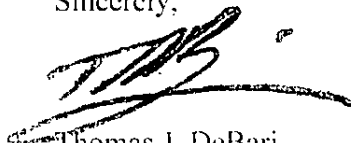
Dear Sir/Madam:

Enclosed please find the necessary documentation to change the address of the entity referenced above along with our check in the amount of \$35.00.

Should you have questions or require additional information, please feel free to contact the undersigned.

Thank you for your assistance.

Sincerely,



Thomas J. DeBari

TJD/jlg
Enclosures

**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.

1. The name of the corporation: Kimsey & DeBari, P.A.
2. The principal office address: 4909 Southfork Drive, Lakeland, FL 33813
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 20, 2008 Document number: P08000050630
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)

Thomas J. DeBari

5137 S. Lakeland Drive, Suite 3

Lakeland, FL 33813

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

4909 Southfork Drive

Lakeland, FL 33813

P.O. Box NOT acceptable

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

Thomas J. DeBari, President

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.*


Signature of Registered Agent

8/25/10
Date

If signing on behalf of an entity:

Kimsey & DeBari, P.A.

Typed or Printed Name

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

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

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA