P08000050630

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





300236759003

06/25/12--01019--002 **35.00

12 JUN 25 PM 2: 01

R.A.

JUN 2 8 2012 T. BROWN

COVER LETTER

Division of Corporations
SUBJECT: Kimsey DeBai, PA. Name of Corporation
DOCUMENT NUMBER: PO 8000050630
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:
Paul Kimsey Name of Contact Person
Himsey & De Bari, P.A. Firm/Company
3816 W. Linebaugh Ave. Stc. 4112 Address
Tampa, FL 33618 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations 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

ĺ.

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: (new) 3816 W. Linebaugh, 5te 412,
2. The principal office address: (new) 3816 W. Linebaugh, 5te 412,
Tampa, FL 33618
3. The mailing address (if different): (Same)
4. Date of incorporation/qualification: 5/20/2008 Document number: P08000050 630
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
Thomas J. DeBari 4909 South fork Dr.
Lakeland, FL 33813
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Paul Kimsey 2 PRAZ
Paul Kimsey 3816 W. Linebaugh Ave. Ste. 411 P.O. Box NOT acceptable
Tampa, FL 33618
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 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.
Parl Kursey 5/22/12 Signature of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
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 (03/12)