

PD8000058945

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

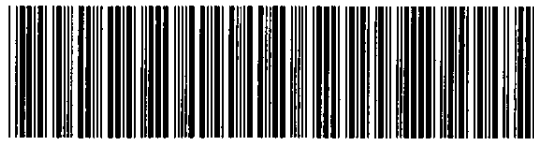
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TALLAHASSEE, FLORIDA

08 OCT 22 PM 3:59

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Ca KRC
p/23/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2008

ELLIE K. HARRIS
ELLIE K. HARRIS, P.A.
3419 LAKEWOOD BLVD.
NORTH PORT, FL 34287

SUBJECT: ELLIE K. HARRIS, P.A.
Ref. Number: P08000058995

We have received your document for ELLIE K. HARRIS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 308A00053413

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2008 OCT 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ellie K. Harris PA
(Name of Corporation)

DOCUMENT NUMBER: P08000058995

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:

Ellie K. Harris
(Name of Contact Person)

Ellie K. Harris PA
(Firm/Company) /

3419 Lakewood Blvd.
(Address)

North Port FL 34287
(City/State and Zip Code)

For further information concerning this matter, please call:

Ellie Harris at (941) 423-9230
(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

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ellie K. Harris PA
2. The principal office address: C/O James W. Mallonee PA, 946
Tamiami TR #206, Port Charlotte FL 33954
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/17/08 Document number: P08000058995
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)

Ellie K. Harris
C/O James W. Mallonee PA
18245 Paulson DR. PC FL 33954

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

Jeffrey Harris
3419 Lakewood Blvd
(P.O. Box NOT acceptable)
NP FL 34287

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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]
(Signature of an officer or director)

Jeffrey Harris
(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]
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

[Signature]
(Typed or Printed Name)

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