P08000059808

(Re	equestor's Name)	_			
(Ad	ldress)				
		,			
(Ad	ldress)				
	•				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Pi)	isiness Entity Nar	no)			
,	isiness Chury Nai	116)			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
•	•				
i.					





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06/18/09--01011--024 **35.00

09 JUN 18 AN 10: 03 ECRETARY OF SIAL

RA Charge 06-24-09

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE	CT:	Kimberly Edgar,	P.A.
		Name of Corpo	ration
DOCU	MENT NUMBER:	P08000	059808
The end	closed Statement of Change	of Registered Office/Ag	ent and fee are submitted for filing.
Please r	eturn all correspondence co	oncerning this matter to the	he following:
		Sarah Dyrda	Crane
		Name of Contact	Person
	!	Moore, Hill & Westm	
		Firm/Compa	ny
	2	220 West Garden Str	eet, 9th Floor
		Address	
		Pensacola, FL	32502
		City/State and Z	p Code
		scrane@mhw-la	W com
	E-mail addres	s: (to be used for futur	e annual report notification)
		•	•
For fur	ther information concerning	this matter, please call:	
	•	, , , ,	
	Sarah Dyrda C		(850) 434-3541 Area Code & Daytime Telephone Number
	Name of Contact P	erson	Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made p	payable to the Departmen	t of State.
	Mailing A	ddress: ent Section	Street Address: Amendment Section
		of Corporations	Division of Corporations
	P.O. Box	•	Clifton Building
		ee, FL 32314	2661 Executive Center Circle
			Tallahassee, FL 32301

TO:

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

statement of cha	ange is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida			
1. The name of	the corporation: Kimb	erly Edgar, P	.A.				
2. The principal office address: 4942 Vizcaya Drive, Pensacola, FL 32507							
3. The mailing a	address (if different): Sa	ame as above					
4. Date of incor	poration/qualification: _	07/01/2008	Document number:	P08000059808			
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)							
	Kimberly Edgar						
	4485 Woodbine R	oad					
	Pace, FL 32571						
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Kimberly Edgar							
				THE EVEN			
	4942 Vizcaya Driv	P.O. Box NOT ac	ceptable				
	Pensacola, FL 325	507					
The street addr	ess of its registered offill be identical.	ce and the street ad	dress of the business offic	ce of its registered agent,			
Such change wauthorized by t	as authorized by resoluthe board, or the corpora	tion duly adopted b	y its board of directors or led in writing of the chan	by an officer so			
Himberty Edgar Signature of an officer of director Signature of an officer of director Printed or typed name and file							
I further agree of my duties, a document is be	t the appointment as reg to comply with the prov nd I am familiar with ar ing filed merely to refle is been notified in writin	visions of all statute nd accept the obliga ct a change in the r	agree to act in this capaci is relative to the proper a ntion of my position as reg egistered office address,	ity, nd complete performance gistered agent. Or, if this I hereby confirm that the			
Klmber (1x kg Cla b/15/09 Signature of Registered Agent Date							
If signing on b	ehalf of an entity:	J					
	Evned or Printed Name						

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