## 8109966008

| (Re                                     | equestor's Name)       |      |
|---|------------------------|------|
| (Ad                                     | ldress)                |      |
| (Address)                               |                        |      |
| (Ci                                     | ty/State/Zip/Phone     | e #) |
| PICK-UP                                 | ☐ WAIT                 | MAIL |
| (Bu                                     | ısiness Entity Nan     | ne)  |
| (Document Number)                       |                        |      |
| Certified Copies                        | Certificates of Status |      |
| Special Instructions to Filing Officer: |                        |      |
|   |                        |      |
|   |                        |      |
|   |                        |      |
|   |                        |      |

Office Use Only



200250220942

08/08/13--01012--005 \*\*35.00



par 3/13 cm

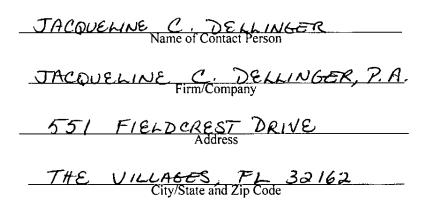
## **COVER LETTER**

| Division of Corporations   |                                    |         |
|----------------------------|------------------------------------|---------|
| SUBJECT: <u>TACQUELINE</u> | O DELLINGER<br>Name of Corporation | R, P.A. |

DOCUMENT NUMBER: Po 800066018

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

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:



DELLINGERLAW @ TACQUELINE C DELLINGER. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TACOUELINE C. DELLINGER at (352) 750-2404

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

TO:

Amendment Section

## 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: TROPUELINE C. DELLINGER, 7. A.   |
| 2. The principal office address: 551 FIELDCREST DRIVE, THE VILLAGES, FL 32162  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 07///2008 Document number: P08000066018  |
| 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)   |
| JACQUELINE C. DELLINGER  |
| 117 NORTH U.S. HIGHWAY MYI   |
| HAY LAKE, FL 32159   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed):   |
| JACQUELINE C. DELLINGER  |
| 551 FIELDCREST DRIVE P.O Box NOT acceptable  |
| THE VILLAGES, FZ 32162   |
| 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.  |
| Macqueline Calllenen JACQUELINE C. DELLINGER   |
| 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. |
| Hacquelni Colling Registered Agent Quegest 6,2013 Date   |
| If signing on behalf of an entity:   |
| THEOVERINE C. DEALINGER Typed or Printed Name  |

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