

PO 8000086857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Registered Office Address
Name of Corporation

DOCUMENT NUMBER: P08000086857

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:

MARIA KATSOULI

Name of Contact Person

LAW OFFICES OF MARIA KATSOULI, P.A.

Firm/Company

8811 State Road 52, Suite 16

Address

Hudson, FL 34667

City/State and Zip Code

mariakatsoulilaw@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA KATSOULI

Name of Contact Person

at (727)

849-3000

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

1. The name of the corporation: Law Offices of Maria Katsouli, P.A.
2. The principal office address: 8811 State Road 52, Suite 16
Hudson, FL 34667
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/16/2008 Document number: P08000086857
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)

MARIA KATSOULI

5623 US HWY 19, SUITE 112

NEW PORT RICHEY, FL 34652

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

MARIA KATSOULI

8811 STATE ROAD 52, SUITE 16


P.O. Box NOT acceptable

HUDSON, FL 34667

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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.

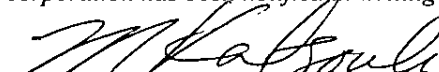


Signature of an officer or director

Maria Katsouli (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.



Signature of Registered Agent

11/02/09

Date

If signing on behalf of an entity:

Law Offices of Maria Katsouli, P.A.

Typed or Printed Name

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