## P08000091274

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SECRETARY OF STATE
TALLAHASSEE, FLOSH



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Mitchell Law P.A.

Name of Corporation

OCUMENT NUMBER, P08000091274

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:

Ganon J. Studenberg

Name of Contact Person

Studenberg Law

Firm/Company

1119 Palmetto Avenue

Address

Melbourne, Fl 32901

City/State and Zip Code

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

For further information concerning this matter, please call:

Ganon J. Studenberg

,321

722-2420

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

CR2E045 (03/12)

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

4	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	e is submitted for a corporation organized under the laws of the State of Florida change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Mitchell Law P.A.  Gice address: 930 South Harbor City Boulevard, Suite 500
	Florida 32901
3. The mailing addr	ress (if different):
4. Date of incorpora	ation/qualification: 10/07/2008 Document number: P08000091274
	reet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned)
Pa	ent of State: (If resigned, enter resigned)  atrick J. Anderson
22	200 Front Street Suite 301
М	lelbourne, Florida 32901
6. The name and str (if changed):	reet address of the new registered agent (if changed) and /or registered office
<u>G</u>	anon J. Studenberg
<u>11</u>	119 Palmetto Avenue
	P.O. Box NOT acceptable
_	lelbourne, Florida 32901
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was a authorized by the b	outhorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
40E M.	Mutchell, Jr. Joe M. Mitchell, Jr.
I hereby accept the I further agree to c performance of my agent. Or, if this d	t an officer or director.  Printed or typed name and title  e appointment appregistered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete  o duties, and I am familiar with and accept the obligation of my position as registered  locument is being filed merely to reflect a change in the registered office address, I  at the corporation has been notified in writing of this change.
	6/18/13
Signatur	are of Registered Agent Date
If signing on behal	If of an entity:
Typed	1 or Printed Name
	* * * FILING FEE: \$35.00 * * *

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