

PO9000041499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

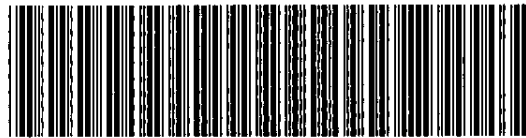
(Business Entity Name)

(Document Number)

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PA address change

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TALLAHASSEE, FLORIDA

1003
8/17/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Barbara Coenson, P.A.
Name of Corporation

DOCUMENT NUMBER: P09000041499

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:

Barbara Coenson, Esquire
Name of Contact Person

Barbara Coenson, P.A.
Firm/Company

1301 S. International Parkway, Suite 1041
Address

Lake Mary, Florida 32746
City/State and Zip Code

barbara@coensonlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Coenson, Esquire at (407) 322-8000
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Barbara Coenson, P.A.
2. The principal office address: 1301 S. International Parkway, Suite 1041
Lake Mary, FL 32746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/11/2009 Document number: P09000041499
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)

Barbara Coenson
1540 International Parkway, Suite 2000
Lake Mary, FL 32746

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

Barbara Coenson, Esquire
1301 S. International Parkway, Suite 1041
P.O. Box NOT acceptable
Lake Mary, FL 32746

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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.

Barbara Coenson
Signature of an officer or director

Barbara Coenson, President
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.

Barbara Coenson
Signature of Registered Agent

August 9, 2011
Date

If signing on behalf of an entity:

Typed or Printed Name

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