P0900042602

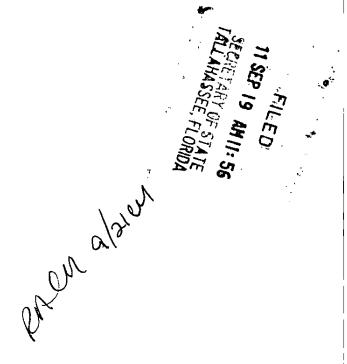
(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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COVER LETTER

TO:	Amendment Section Division of Corporations							
SUBJECT:		Nicole Philb	eck, P.A.					
		Name of	Corporation					
DOC	UMENT NUMBER:	P09	90000426	02				
The e	nclosed Statement of Change	of Registered Offi	ce/Agent and	fee are submi	tted for filing.			
Please	return all correspondence co	oncerning this matt	er to the follo	wing:				
Kevin Chinfatt Name of Contact Person								
		Name of C	ontact Person					
Nicole Philbeck, P.A.								
	Firm/Company							
		13538 Village	Park Drive	# 135				
	13538 Village Park Drive #135 Address							
	Orlando, FL 32837 City/State and Zip Code							
City/State and Zip Code								
billing@thephilbeckteam.com E-mail address: (to be used for future annual report notification)								
	E-man addres	is: (to be used for	ruture annua	и герогі пош	ncation)			
For fu	rther information concerning	g this matter, please	e call:					
	Kevin Chinfa	att	at (32	21)	527-5102			
	Name of Contact P	erson	Area	Code & Dayti	527-5102 me Telephone Number			
Enclos	sed is a \$35.00 check made p	payable to the Depa	ertment of Sta	te.				
	Mailing A	ddress:		treet Address:				
	Amendm	ent Section		mendment Se				
		of Corporations		ivision of Co	•			
	P.O. Box	6327 see, FL 32314		lifton Buildin	ng e Center Circle			
	rananass	CC. C.L. 34314	Z	OO L EXECULIV	C CONCLUNC			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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: Nicole Philbeck, P.A. 2. The principal office address: 14133 Tanja King Blvd., Orlando, FL 32828 3. The mailing address (if different): P09000042602 5/13/2009 ___ Document number: ___ 4. Date of incorporation/qualification: 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) Nicole Philbeck 3509 Tern Hollow Drive Orlando, FL 32828 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Nicole Philbeck 14133 Tanja King Blvd. P.O. Box NOT acceptable Orlando, FL 32828 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. Nicole Philbeck 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. If signing on behalf of an entity:

* FILING FEE: \$35.00 * * *

Typed or Printed Name