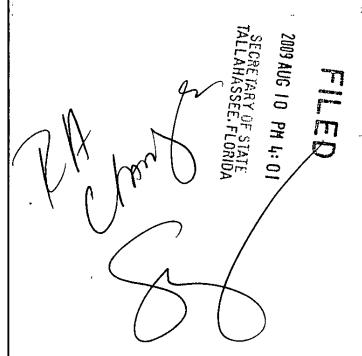
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(6)	E Man	
(Br	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	··Certificate:	s of Status
Special Instructions to	Filing Officer:	

J. 14,09



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COVER LETTER

TO:	Amendment Division of	Section Corporations		
SUBJ	ECT:	Michael P. Ro Name of C		
DOC	UMENT NUN	1BER: P09	000045298	
The e	nclosed Staten	nent of Change of Registered Offic	e/Agent and fee are submitted	d for filing.
Please	return all con	respondence concerning this matte	r to the following:	
		Michael F	P. Roland ntact Person	
	_	Name of Co	ntact Person	
	-		Roland, P.A. ompany	
		i illib Co	ompany	
		6400 Manatee Av	e. W., Suite L-112	
	-		ress	
	•			
		Bradenton	, FL 34209	
	•	City/State a	nd Zip Code	
			Dameil com	
		mprolandpa(E-mail address: (to be used for t	griali.com	ation)
	,	in man addition (to be able to .		,
For fi	ırther informat	ion concerning this matter, please	call:	
	N.A.	ichael D. Beland	041	022 8000
		ichael P. Roland e of Contact Person	at (<u>941</u>) Area Code & Daytime	Telephone Number
	- 1			•
Enclo	sed is a \$35.00	check made payable to the Depar	tment of State.	
			•	
		Mailing Address:	Street Address:	·
		Amendment Section Division of Corporations	Amendment Sect Division of Corp	
		P.O. Box 6327	. Clifton Building	
		Tallahassee, FL 32314	2661 Executive	
			Tallahassee, FL	

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	ate of Florida	
	he corporation: Micha		P.A. ., Suite L-112, Brade	nton FI 34209	
2. The principal	office address: 0400 iv	ianalee Ave. vv	., Suite L-112, Brade	Titori, FE 34209	
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification:	5/21/2009	Document number:	P09000045298	
	street address of the cur tment of State: (If resign		nt and registered office on	file with the	
	Michael P. Roland				
11523 Palm Brush Trail, Suite 301					
	Lakewood Ranch,	FL 34202		009 AL SECRI	-7
6. The name and (if changed):	street address of the nev	w registered agent (if changed) and /or registe	2009 AUG 10 PM 4: 0 SECRETARY OF STATE TALLAHASSEE, FLORIE	
	Michael P. Roland		<u> </u>		C
	6400 Manatee Ave	e. W., Suite L-1		REF.	
	Bradenton, FL 342		ссерионе		
The street addre	ess of its registered office be identical.	ce and the street ad	dress of the business offi	ce of its registered agent.	,
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted b tion has been notif	by its board of directors of the char	r by an officer so age.	
Signatur	re of an officer of director		Michael P. Rola	nd, shareholder	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ing filed merely to rell s been notified in writin	istered agent and a isions of all statute d accept the oblig of a change in the i g of this change.	agree to act in this capac es relative to the proper a ation of my position as re registered office address,	ity. and complete performanc gistered agent. Or, if thi I hereby confirm that the	e is e
1	ne		8-7-	-09	
\mathcal{L}	nature of Registered Agent		Date		
,	half of an entity:				
	lichael P. Roland yped or Printed Name				

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