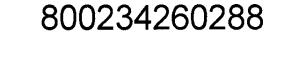
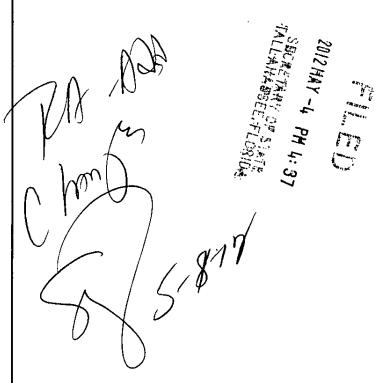
P0900093039

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ily



05/04/12--01022--019 **35.00



George Ackerman

10155 Whitewater Lily Way, Boynton Beach, EL 33437 Phone: (561) 371-2616 Fax: (561) 369-7908 georgeackermanid@aol.com

To: Division of Corporations, Bureau of Commercial Recording

Post Office Box 6327, Tallahassee, FL 32314

Re: CHANGE OF ADDRESS

Date: 4/25/12

I am requesting you to remove my home address

from any and all records kept at sunbiz. Website's below

GEORGE ACKERMAN & ASSOCIATES, P.A. P07000071241 INACT

AND

GEORGE ACKERMAN, P.A. P09000093039 INACT

PLEASE Change all address to:

500 Greynolds Circle, Lantana, Florida 33462

Due to the nature or my job as a police officer I am required to keep any and all bios or my personal information (Bios or Pictures) off any public web sites or the Internet which could endanger my family.

Public Records Exemptions: Chapter 119, Florida Statutes, offer protection to cover state and local governmental officials and employees (Police/Law enforcement) from public information being displayed to citizens.

Sincerely,

George Ackerman

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GEOGGE A CKERM GNP A Name of Corporation
DOCUMENT NUMBER: P 0900093039
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:
George Ackermin
Name of Contact Person
Firm/Company
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: (Name of Contact Person at (56) 37/26/6 Area Code & D NOTE Area Code & D
(1800 Ac Keemin on 561 37/46/6
Name of Contact Person Area Code & D
Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Area Code & D ONOT Street Address: Amendment Section
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendm Division - Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: Lolo R. G.R. Ackernan, PA.
2. The principal of	office address: SOO Grey nolds (recle
	Lentona FIG 33462
3. The mailing ad	dress (if different):
4. Date of incorpo	pration/qualification: 19/2/10 Document number: P0900093 €
5. The name and s	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
-	
_	

6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
_	
_	P.O Bowloff acceptable
_	Lanton FU 3346d
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized 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.
	The state of the s
2/	of an officer or director Printed or typed name and title
l hereby accept th I further agree to of my duties, and i document is being corporation has b	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this I filed merely to reflect a change in the registered office address. I hereby confirm that the een notified in writing of this change.
44	5/1/12
,,	ure of Registered Agent
If signing on beha	If of an entity: On product the state of th
<u> </u>	ext felling

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