

P09000098098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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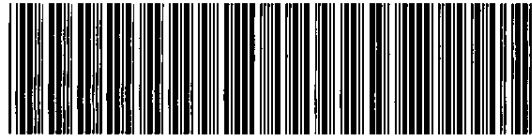
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

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DEC 17 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

(CHANGE OF ADDRESS)

SUBJECT: THE TRIPODI LAW FIRM, P.A.
Name of Corporation

DOCUMENT NUMBER: PO9000098098

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:

John J. Tripodi

Name of Contact Person

(OLD) →
Address

THE TRIPODI LAW FIRM, P.A.
Firm/Company

5104 N. LOCKWOOD RIDGE Rd STE #106
Address

SARASOTA, FL 34234
City/State and Zip Code

John@TRIPODI LAW FIRM.COM

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

For further information concerning this matter, please call:

John J. Tripodi

Name of Contact Person

at (941) 355-7500

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: THE TRIPODI LAW FIRM P.A.
2. The principal office address: 2015 SOUTH TUTTLE AVE
SARASOTA, FL 34239-4100
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 12/04/2009 Document number: P09000098098

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) JOHN. TRIPODI
THE TRIPODI LAW FIRM P.A.
5104 N. LOCKWOOD RIDGE RD STE #106
SARASOTA, FL 34234

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

JOHN J. TRIPODI, ESQ.
2015 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239-4100
P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

John J. Tripodi
Signature of an officer or director

JOHN J. TRIPODI - PRESIDENT & DIRECTOR
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.

John J. Tripodi
Signature of Registered Agent

12-13-10

Date

If signing on behalf of an entity:

JOHN J. TRIPODI For THE TRIPODI LAW FIRM P.A.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314