## P10000002898

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PORT CHARLOTTE, FLORIDA 33954 ATTORNEY & COUNSELOR AT LAW

LANCE C. BALL, ESQ.

BALLLAWCENTER@GMAIL.COM WWW.BALLLAWCENTER,COM

May 2, 2010

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

18245 PAULSON DRIVE

TELEPHONE: 941-740-2255

FACSIMILE: 941-429-7789

Statement of Change of Registered Office Re:

Ball Law Center, P.A.

Document Number P10000002898

To whom it may concern:

Enclosed please find a Statement of Change of Registered Office, changing the above referenced corporation's principal address, mailing address, and registered agent's address. Also, enclosed is the appropriate filing fee. Finally, please update your records to reflect the corporation's FEI/EIN Number as 27-1633462.

Should you have any questions, please feel free to contact me.

Very truly yours,

BALL LAW CENTER, P.A.

**Enclosures** 

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJE	ECT:	Ball Law Cente	er, P.A.	<del></del>	
DOCU	MENT NUMBER:	P1000	0002898		
The en	closed Statement of Change	of Registered Office/A	Agent and fee are submit	ted for filing.	
Please	return all correspondence co	oncerning this matter to	the following:		
Lance C. Ball, Esq. Name of Contact Person					
Name of Contact Person					
Ball Law Center, P.A.					
		Firm/Com	pany		
	18245 Paulson Drive				
Address					
Port Charlotte, FL 33954  City/State and Zip Code					
City/State and 2.15 code					
BallLawCenter@Gmail.com					
E-mail address: (to be used for future annual report notification)					
For fu	ther information concerning	g this matter, please cal	1:		
	Lance C. B	all	at 941 \	740-2255	
	Name of Contact P		at ( 941 ) Area Code & Daytin	ne Telephone Number	
Enclos	ed is a \$35.00 check made p	payable to the Departme	ent of State.		
	Division P.O. Box	Address: eent Section of Corporations & 6327 see, FL 32314		rporations og e Center Circle	
			Tallahassee, Fl	L 323UI	

## 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: Ball Law Center, P.A.			
2. The principal office address: 18245 Paulson Drive Port Charlotte, FL 33954			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 01/11/2010 Document number: P10000002898			
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)			
Lance C. Ball, Esq.			
3294 Oporto Street			
North Port, FL 34287			
Florida Department of State: (If resigned, enter resigned)  Lance C. Ball, Esq.  3294 Oporto Street  North Port, FL 34287  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
Lance C. Ball, Esq.			
18245 Paulson Drive P.O. Box NOT acceptable			
Port Charlotte, FL 33954			
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 of the corporation has been notified in writing of the change.			
Mance C. Ball, 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 it writing of this change.			
May 2, 2010  Signature of Residered Agent  Date			
Signific of Conserved Agent  If signing on behalf of an entity:			
Typed or Printed Name			

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