

P100000019273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

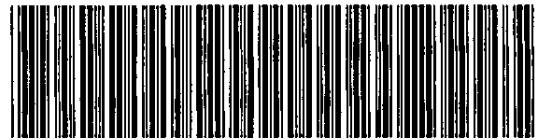
(Business Entity Name)

(Document Number)

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H. White

FEB 07 2017

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **FLORIDA LEGAL ADVERTISING**

Name of Corporation

DOCUMENT NUMBER: **P10000019273**

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:

SHARON ELKINS

Name of Contact Person

FLORIDA LEGAL ADVERTISING

Firm/Company

P.O. BOX 398

Address

OSPREY, FL 34229

City/State and Zip Code

selkins@flalegals.com

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

For further information concerning this matter, please call:

Sharon Elkins

Name of Contact Person

at **941 3216571**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FLORIDA LEGAL ADVERTISING

2. The principal office address: 512 BAYVIEW AVE, OSPREY, FL 34229

3. The mailing address (if different): P.O. BOX 398, OSPREY, FL 34229

4. Date of incorporation/qualification: 03/03/2010 Document number: P10000019273

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)

THEODORE WILSON [deceased]

530 DENARVAEZ DR

LONGBOAT KEY, FL 34228

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

SHARON ELKINS

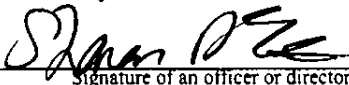
512 BAYVIEW AVE

P.O. Box NOT acceptable

OSPREY, FL 34229

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.


Signature of an officer or director

SHARON P ELKINS

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.


Signature of Registered Agent

01/26/2017

Date

If signing on behalf of an entity:

Typed or Printed Name

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