## SOR LOW

(Requestor's Name)	
(Address)	-
(Address)	2002110720
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
	09/02/1101016023
(Business Entity Name)	
(Document Number)	
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**\*\***35.00



## **COVER LETTER**

TO: Amendment S Division of Co	ection orporations		
SUBJECT:	Fredrique B.	Boire, P.A.	
	Name of	f Corporation	
DOCUMENT NUME	BER: P1	0000028080	
The enclosed Statemer	nt of Change of Registered Of	fice/Agent and fee are submitt	ted for filing.
Please return all corres	spondence concerning this ma	tter to the following:	
	Fredrique	B. Boire, Esq.	
<del></del>	Name of 0	Contact Person	
		B. Boire, P.A.	
	Firm	Company	
		ore Blvd., Suite 511	
	A	ddress	
	-	EL 00007	
	rampa City/State	, FL 33607 and Zip Code	
	•	•	
	nancy@bdr	familylaw.com	·
E-1	mail address: (to be used fo	r future annual report notifi	cation)
For further information	n concerning this matter, pleas	e call:	
<b>F</b>	data a D. Dataa	040	000 '0400
	drique B. Boire of Contact Person	at ( <u>813</u> Area Code & Daytin	288-0100 ne Telephone Number
Enclosed is a \$35.00 c	heck made payable to the Dep	artment of State.	
	Mailing Address:	Street Address:	
	Amendment Section	Amendment Sec	
•	Division of Corporations	Division of Cor	-
	P.O. Box 6327	Clifton Buildin	σ

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

## SȚATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida error to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Fredrique B. Boire, P.A.
2. The principal	l office address: 3307 W. Hawthorne Road, Tampa, FL 33611
3. The mailing a	address (if different): Same as above
4. Date of incorp	poration/qualification: 03/29/10 Document number: P10000028080
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Fredrique B. Boire, Esq.
	3307 W. Hawthorne Road
	Tampa, FL 33611
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Fredrique B. Boire, Esq.
	1211 N. Westshore Blvd., Suite 511  P.O. Box NOT acceptable
	Tampa, FL 33607
The street addre	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wa authorized by th \(\lambda\)	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signatur	Fredrique B. Boire, President Printed or typed name and title
of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Indy Sig	nature of Registered Agent Boate
If signing on be	chalf of an entity:
Ty	yped 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