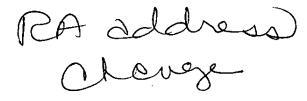
## P10000038147

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Karen Sue Levy, PA

Name of Corporation

PAGCHMENT NUMBER P1000038147

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:

Karen Levy

Name of Contact Person

Karen Sue Levy PA

Firm/Company

23245 Oak Prairie Circle

Address

Sorrento, FL 32776

City/State and Zip Code

karen@lakecountyhomepros.com

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

For further information concerning this matter, please call:

Karen Levy

,352

636-6579

Name of Contact Person

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

statement of cha	nge is submitted for a corporation o	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	
	he corporation: Karen Sue Lev	,	
2. The principal	office address: 12520 Fade Dr		
3. The mailing a			
4. Date of incorp	poration/qualification: May 3, 20	10	
	I street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with the igned)	
	Karen Sue Levy,PA		
	12520 Fade Dr		
	Grand Island, FL 32735	FIL. 22	
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office F. FLORIDI	
Mean	23245 Oak Prairie Circle		
or o	P.O. Box NOT acceptable Sorrento, FL 32776		
The street addre	ess of its registered office and the street be identical.	reet address of the business office of its registered agent,	
		pted by its board of directors or by an officer so i notified in writing of the change.	
Paren	S Leery re of an officer of director	Karen S. Levy Printed or typed name and title	
I further agree i performance of agent. Or, if thi	my duties, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I	
Youra Sign	Sheery Registered Admi	07/15/2013	
If signing on be	half of an entity:		
Ту	ped or Printed Name		

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