

P10000063021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

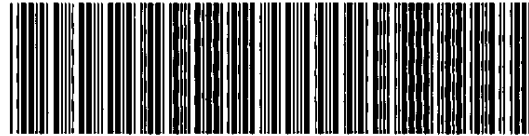
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Registered
Address
Change*

09/01/10--01007--007 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP -1 PM 3:49

FILED

RR
9/2/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cynthia Conlin, P.A.
Name of Corporation

DOCUMENT NUMBER: P10000063021

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:

Cynthia Conlin
Name of Contact Person

Cynthia Conlin, P.A.
Firm/Company

1643 Hillcrest Street
Address

Orlando, FL 32803
City/State and Zip Code

cynthia.conlin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Conlin at (407) 965-5519
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**

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: Cynthia Conlin, P.A.
2. The principal office address: 1643 Hillcrest Street, Orlando FL 32803
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/2/2010 Document number: P10000063021
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)

Cynthia Conlin

201 E Pine St, Suite 445

Orlando, FL 32801

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

Cynthia Conlin

1643 Hillcrest Street

P.O. Box NOT acceptable

Orlando, FL 32803

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

Cynthia Conlin / 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 in writing of this change.*

Signature of Registered Agent

August 30, 2010

Date

☒ signing on behalf of an entity:

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
CR2E045 (8/05)

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