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TO: Amendment Section Division of Corporations Sidney W. Kilgore, P.A. **SUBJECT** P11000032785 DOCUMENT NUMBER: 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: Sidney W. Kilgore Sidney W. Kilgore, P.A. P.O. Box 320407 Address Tampa, FL 33679-2407
City/State and Zip Code sidneywkilgorepa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

at (727)543-4376
Area Code & Daytime Telephone Number Mr. Sidney W. Kilgore

Name of Contact Person

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

CR2E045 (03/12)

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: Sidney W. Kilgore, P.A.
2. The principal office address: GO1 Bayshore Boulevard - Suite 150 111-24) Ave No Ste. 9 Tampa, Florida 33606-2760 St. Intersburg, El. 33701-39
Tampa, Florida 33006-2700 St. Polers burg, Ec 33701-39
3. The mailing address (if different): Post Office Box 320407
Tampa, Florida 33679-2407
4. Date of incorporation/qualification: 04.01.2015 Document number: P11000032785
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) Sidney W. Kilgore (> 5 (1/2))
601 Bayshore Boulevard - Suite 150
Tampa, Florida 33606-2760
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Law Offices of Steven A. Culbreath, P.A. (new registered agent and office)
111 - 2nd Ave. NE - Suite 900
P.O. Box NOT acceptable
St. Petersburg, FL 33701-3474
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.
Sidney W. Kilgore, President
Signature of an officer or director 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.
5-1. Mell 411/2015
Signature of Registered Agent Date
If signing on behalf of an entity:
STEVEN A. CULBREATH 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
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