

P11000068623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

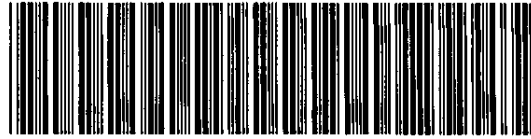
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 12 AM 8:17

C. LEWIS
JUN 25 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2014

TIM SCHNEIDER
2590 NORTHBROOKE PLAZA DR
#108
NAPLES, FL 34119 US

SUBJECT: TIMOTHY CARL SCHNEIDER, P.A.
Ref. Number: P11000068623

We have received your document for TIMOTHY CARL SCHNEIDER, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 514A00011618

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIMOTHY CARL SCHNEIDER, P.A.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIM SCHNEIDER
Name of Person

Firm/Company

2590 NORTHBROOKE PLAZA DR., #108
Address

NAPLES, FL 34119
City/State and Zip Code

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

For further information concerning this matter, please call:

TIM SCHNEIDER at (239) 334-3040
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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: TIMOTHY CARL SCHNEIDER, P.A.
- 2. The principal office address: 2590 NORTHBROOKE PLAZA DR., #108
NAPLES, FL 34119
- 3. The mailing address (if different): 1477 CUMBERLAND CT., FORT MYERS, FL 33919
- 4. Date of incorporation/qualification: 7/29/11 Document number: P11000068623

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)

TIMOTHY C SCHNEIDER
12140 CARISSA COMMERCE CT., SUITE 102
FORT MYERS, FL 33966

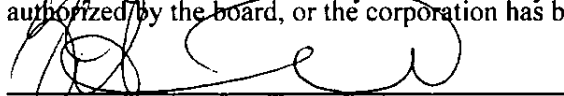
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TIM SCHNEIDER
2590 NORTHBROOKE PLAZA DR., #108
P.O. Box NOT acceptable
NAPLES, FL 34119

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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

TIMOTHY C SCHNEIDER, 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

6/16/14

Date

If signing on behalf of an entity:

Typed or Printed Name

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