P11000075087

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SECRETARY OF SIATE OF CORPORATION OF CORPORATION

C.COULLIETTE

OCT 0'3 2011

EXAMINER

COVER LETTER

TO:	Amendment Sec Division of Corp			
SUBJ	ECT:	Prather & Sw Name of C	rank, P.A. Corporation	
DOCU	JMENT NUMBE	R:P11	100007507	
The er	nclosed Statement	of Change of Registered Offic	e/Agent and fee are submitte	d for filing.
Please	return all correspo	ondence concerning this matte	r to the following:	
			G. Swank	
		Name of Co	ntact Person	
		Prather & S	Swank, P.A.	
			ompany	
		10175 Six Mile Cypr	ess Parkway, Suite 4	
		Ado	lress	
			-,	
		Fort Myers, F	Florida 33966 nd Zip Code	
		2.03, 2.000		
		brittons@pse	lderlaw.com	
	E-m	ail address: (to be used for t	tuture annual report notific	ation)
For fu	rther information of	concerning this matter, please	call:	
	Britto	n G. Swank	at (239)	218-7995
		Contact Person	at (239) Area Code & Daytime	e Telephone Number
Enclos	sed is a \$35.00 che	eck made payable to the Depar	tment of State.	
		Mailing Address: Amendment Section	Street Address: Amendment Sect	ion .
		Division of Corporations	Division of Corp	
		P.O. Box 6327	Clifton Building	
		Tallahassee, FL 32314	2661 Executive Tallahassee, FL	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			607.1508, or 617.1508, Flo ed under the laws of the Stat		is	
			ed agent, or both, in the Stat			
1. The name o	f the corporation: Prathe	er & Swank,	P.A.			
2. The principa	al office address: 10175	Six Mile Cypre	ss Parkway, Suite 4, F	ort Myers, Fl	orida :	33966
	11 (10 1100					
3. The mailing	address (if different):					
4. Date of inco	orporation/qualification:	8/22/11	Document number:	P110000	75087	
	nd street address of the cur artment of State: (If resign	~ ~	ent and registered office on f	ile with the		
	Britton G. Swank					
	711 Sawyer Street	·				<u> </u>
	Lehigh Acres, Flori	ida 33974			SE SE	SECR SECR
6. The name ar (if changed)		v registered agent	(if changed) and /or register	ed office	SEP 30 1	OF COL
	Britton G. Swank				AH SO	구구 무료 무료
	10175 Six Mile Cyp				# 0 <i>7</i>	TATE
	Fort Myers, Florida	P.O. Box NOT:	acceptable			***
m			11 6.1 1			
			ddress of the business offic			ι ,
Such change vauthorized by	was authorized by resolut the board, or the corpora	ion duly adopted tion has been noti	by its board of directors or fied in writing of the chang	by an officer so ge.)	
Nell Signal	ture of an officer or director		Beth A. Prathe	r, President		
I further agree of my duties, o document is b	ot the appointment as reg e to comply with the provi and I am familiar with an eing filed merely to reflec as been notified in writing	isions of all statui d accept the oblig ct a change in the	agree to act in this capacit tes relative to the proper an action of my position as reg registered office address, I	ly. id complete perj istered agent. (hereby confirm	forman Or, if th that th	ce is ie
Brath	on S. Su ignature of Registered Agent	auk	9/21/20 Date	11		•
If signing on t	pehalf of an entity:					
	Typed or Printed Name					
	Vr -=					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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