## P1200000551

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## **COVER LETTER**

<sup>a</sup> TO: Amendment Section Division of Corporations Colette Michelle PA SUBJECT: Name of Corporation P12000000551 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: Colette Robertson Name of Contact Person Colette Michelle PA Firm/Company PO Box 1260 Address Geneva, FL 32732 City/State and Zip Code colettejax@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Colette Robertson Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address:

**Mailing Address:** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 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: Colette Michelle PA
2. The principal office address: 398 Seminole Woods Blvd, Geneva, FL 32732
3. The mailing address (if different): PO Box 1260, Geneva, FL 32732
4. Date of incorporation/qualification: 01/01/2012 Document number: P1200000551
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)
Colette Robertson
1808 Old Fleming Grove Rd
Fleming Island, FL 32003
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Colette Robertson
398 Seminole Woods Blvd
P.O. Box NOT acceptable
Geneva, FL 32732
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.
Colette Robertson, 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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