## P12000012978

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE
TALLAHASSEF, FI ODIO.

R.A.

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Michael G. Murray PA Name of Corporation			
DOCUMENT NUMBER: P12000012978			
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:			
Michael Murray Name of Contact Person			
Michael G. Murray PA			
111 NE 1st St. Suite 351 Address			
Miami, F(33132 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:  Michael Murray  Name of Contact Person  at (305) 761-9631  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  Street Address: Amendment Section Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## 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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Michael G. Murray, P.A.
2. The principal office address: /// NE 15 54. Suite 351
Miani, FC 33132
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{\partial}{\partial s} = \frac{\partial s}{\partial s} = \partial s$
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)
Michael Murray
10800 Biscay Ne Blue #545 PE =
Michael Murray  10800 Biscay Ne Blue #545  Miami, FC 33161  ASS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Michael Munay  111 NE 1 Street Suike 351
Miani, FC 33132
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 office of an of
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 Repetered Agent Date
If signing on behalf of an entity:
Michael Murry 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)