Pla00074a135

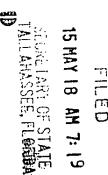
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



500272746255

05/18/15--01031--008 **35.00



W

2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations		
	David Raymond & Associates, Inc.	
SUBJ	Name of Corporation	
	P12000042135	
DOC	JMENT NUMBER:	
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	David Raymond	
	Name of Contact Person	
	David Raymond & Associates, Inc.	
	Firm/Company	
	11520 NE 9 Avenue	
	Address	
	Biscayne Park, Fl 33161	
	City/State and Zip Code	
	obewan@bellsouth.net	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
Davi	d Raymond 305 588-4605	
	Name of Contact Person at (
Enclo	sed is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Street Address: Amendment Section	
	Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building	

Tallahassee, FL 32314

TO:

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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
in order	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	David Raymond & Associates, Inc.
2. The principal	11520 NE 9 Avenue Biscayne Park, Florida 33161
Dr. t pr	
3. The mailing a	ddress (if different):
4. Date of incorp	oration/qualification:
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	David Raymond
	12555 Biscayne Boulevard #942 North Miami, Fl 33181
	T2555 Biscaytie Bodievard #942 North Miami, F155161
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	David Raymond
	11520 NE 9 Avenue Biscayne Park, Florida 33161
	P.O. Box NOT acceptable
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board of the corporation has been notified in writing of the change.
Je	David Raymond
Signatur	e of an officer or director Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation fas been notified in writing of this change.
Sign	5-15-215 Patture of Registered Agent
If signing on bel	•
David Raymo	
Ty	rped or Printed Name

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