

P12000083304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

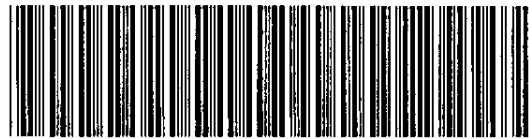
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400250663544

08/23/13--01008--019 \*\*35.00

PA Change

09/18/13

DL

SECRETARY OF STATE  
1444 SOUTH ST  
DOVER, DE 19901

13 SEP 17 PM 3:19

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2013

JIMMY TATE/JIMMY TATE, PA  
1011 INDIGO DR.  
CELEBRATION, FL 34747

SUBJECT: JIMMY TATE, PA  
Ref. Number: P12000083304

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE NAME OF THE NEW REGISTERED AGENT MUST BE LISTED IN SECTION #6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Darlene Connell  
Regulatory Specialist II

Letter Number: 313A00020493

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Jimmy Tate, PA  
Name of Corporation

DOCUMENT NUMBER: P12000083304

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:

Jimmy Tate  
Name of Contact Person

Jimmy Tate PA  
Firm/Company

1011 Indigo Drive  
Address

Gainesville, FL 34747  
City/State and Zip Code

Jimmy @ TATE016.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimmy Tate at ( 407 ) 566-9786  
Name of Contact Person 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Jimmy Tate PA
2. The principal office address: 1011 Indigo Dr. Celebration FL. 34747
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/2/2012 Document number: P12000083304

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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL. 32301

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

Jimmy Tate

1011 Indigo Dr.

P.O. Box NOT acceptable

Celebration, FL. 34747

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]  
Signature of an officer or director

Jimmy Tate - 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]  
Signature of Registered Agent

9/17/2013

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)