

P12000094451

(Requestor's Name)

(Address)

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(Business Entity Name)

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DIVISION OF CORPORATE AFFAIRS  
STATE OF NEW YORK

C.L.  
4-17-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Law Office of Anthony A. Hayden, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P12000094451

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:

Anthony A. Hayden

Name of Contact Person

The Law Office of Anthony A. Hayden, P.A.

Firm/Company

3225 S. MacDill Ave., Suite 129-242

Address

Tampa, FL 33629

City/State and Zip Code

counselor.hayden@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony A. Hayden

Name of Contact Person

at ( 813 ) 843-4648

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: The Law Office of Anthony A. Hayden, P.A.  
2. The principal office address: 3225 S. MacDill Ave., Suite 129-242, Tampa, FL 33629

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/13/2012 Document number: P12000094451

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)

Anthony A. Hayden

600 S. Magnolia Blvd., Suite 275

Tampa, FL 33606

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

Anthony A. Hayden

3225 S. MacDill Ave., Suite 129-242

P.O. Box NOT acceptable

Tampa, FL 33629

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.

Anthony A. Hayden  
Signature of an officer or director

Anthony A. Hayden

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.*

Anthony A. Hayden  
Signature of Registered Agent

4/6/2015

Date

If signing on behalf of an entity:

Anthony A. Hayden

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)

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA