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R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: WENDY DAVIS, EA, PA

Name of Corporation

DOCUMENT NUMBER:

P12000102762

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:

WENDY DAVIS, EA

Name of Contact Person

WENDY DAVIS, EA, PA

Firm/Company

**PO BOX 955** 

Address

VENICE, FL 34284

City/State and Zip Code

wdavis182@comcast.net

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

For further information concerning this matter, please call:

**WENDY DAVIS** 

,941

374-1233

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA rockmane its registered office or registered agent, or both, in the State of Florida.	
The name of t     The principal	office address: PO BOX 955	
3. The mailing a	VENICE, FL 34284	
4. Date of incom	poration/qualification: 12/19/12 Document number: P12000102762	
	I street address of the current registered agent and registered office on file with the thent of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE, FL 34275 ⊋∺ ѿ	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office 25	
	WENDY DAVIS EA	
	2778 MOSS OAK DRIVE P.O. Box NOT acceptable	
	SARASOTA, FL 34231	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
W C.v.	WENDY DAVIS, DIRECTOR Printed or typed name and title	
I hereby accept I further agree to performance of	the appointment as registered agent and agree to act in this capacity. to 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 is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Meri	nature of Registered Agent Date	
	half of an entity:	
	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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