## P13000045445

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: GENTRY ELDER LAW, P.A.

Name of Corporation

P13000045445

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:

Brooks N. Gentry, Esq.

Name of Contact Person

Gentry Elder Law, P.A.

Firm/Company

6400 Seminole Blvd Ste 4

Address

Seminole, FL 33772

City/State and Zip Code

Brooks@GentryElderLaw.com

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

For further information concerning this matter, please call:

Brooks Gentry

727 、231-1080

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

			2, 607.1508, or 617.1508, Fl zed under the laws of the Sta			_	
in orde	er to change its reg	gistered office or registe	red agent, or both, in the Sta	te of Florida.			
1. The name of	the corporation:	Gentry Elder La	w, P.A.				
2. The principal	office address: 6400 Seminole Blvd Ste 4						
		Seminole, FL 3	33772				
3. The mailing a	address (if differer	nt):(same)					
4. Date of incorp	poration/qualifica	tion: 05/20/2013	BDocument number:	P130000	04544	15	
		the current registered agf resigned, enter resigned	gent and registered office on	file with the			
	Brooks N. G	Gentry, Esq.					
	10801 Stark	key Road, Suite #	104-114			<u>ත</u>	
	Seminole, F	L 33777		<del> </del>	15 MAR 1 1	4808 8088	
6. The name and (if changed):	d street address of	the new registered agen	t (if changed) and /or registe	ered office	RII PM	TARY OF CORF	
	Brooks N, G	Gentry, Esq.			<del></del>		
	6400 Semir	nole Blvd Ste 4			55	101	
	Seminole, F	P.O. Box NOT a	acceptable				
The street address changed will	ess of its registere	ed office and the street a	ddress of the business offic	e of its registe	red age	nt,	
Such change wa authorized by th	as authorized by r he board, or the co	resolution duly adopted orporation has been not	by its board of directors or field in writing of the chang	by an officer s ge.	ю		
	RA		Brooks N. Ge	entry / P			
I hereby accept I further agree performance of	the appointment to comply with th my duties, and I is document is be that the corporat	as registered agent and e provisions of all statu am familiar with and ac	Printed or typed nam agree to act in this capacit tes relative to the proper ar cept the obligation of my p ct a change in the registere writing of this change.	ty. nd complete osition as regi	stered ss, I		
Sig	mature of Registered Ag	rent .	3/9/1	5	<del></del>	-	
_	chalf of an entity:		1 540				
Brook	S N. Gen yped or Printed Name	try, Esq.		·			

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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