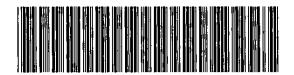
## P13000044423

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	;

Office Use Only



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C. LEWIS
JUL 1 0 2013
EXAMINER

## COVER LETTER ,

Amendment Section Division of Corporations

TO:

SUBJECT: Renee Clark DD PA  Name of Corporation		
DOCUMENT NUMBER: P13000046423		
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:		
Rever Clark  Name of Contact Person  Rever Clark of PA  Firm/Company  4812 SR-7 + 306  Address  Counut Creek FL 33073  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:  Rence Clark  at (248), 736-7626.  Name of Contact Person  Area Code & Daytime Telephone Number		
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 change is submitted for a corporation organized under the laws of the State of Flovida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Repet Clark OD PA
2. The principal office address: 4812 N SR-7 #306 Cocon wt Creek FL 3307
3. The mailing address (if different): '' 5 ame as above'
4. Date of incorporation/qualification: 5/28/2013 Document number: P130000 46423
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)
Renee Clark
6484 Indian Creek dr # 224 = 1
Migmi Beach FL, 33141
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Renee Clark
4812 N S2-7 # 306 P.O. Box NOT acceptable
Coconut Crock FL 33073
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 of an officer or director  Rence Clark  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 of Registered Agent 7/272013  Pate
If signing on behalf of an entity:
Renes Clark
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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