

PB000051187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

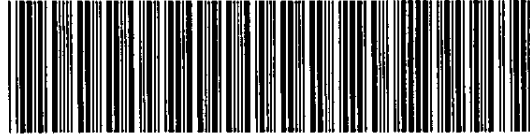
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

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SEP 14 2015

C. GARFOTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BARBARA ANNA MEI, PA  
Name of Corporation

**DOCUMENT NUMBER:** P13000051187

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:

BARBARA A. MEI  
Name of Contact Person

Barbara Anna Mei PA  
Firm/Company

990 BOULEVARD OF THE ARTS, APT 1203  
Address

SARASOTA FL 34236  
City/State and Zip Code

barbaramei@aol.com  
E-mail address: (to be used for future annual report notificatic

For further information concerning this matter, please call:

BARBARA MEI at ( 941 ) 893-7417  
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: BARBARA ANNA MEI, PA
2. The principal office address: 990 BOULEVARD OF THE ARTS,  
APT 1203, SARASOTA, FL 34236
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/13/2013 Document number: P13000051187
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)

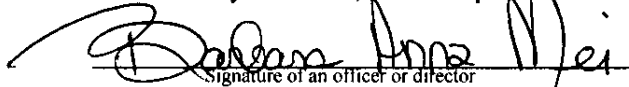
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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

BARBARA A MEI  
990 BOULEVARD OF THE ARTS, APT 1203  
P.O. Box NOT acceptable  
SARASOTA, FL 34236

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

Barbara Anna Mei  
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

9/2/15  
Date

If signing on behalf of an entity:

Barbara Anna Mei  
Typed or Printed Name

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