## P140000 14710

(Requestor's Name)								
(Address)								
,								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Duning Falika Nama)								
(Business Entity Name)								
•								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
<u> </u>								

Office Use Only



200264719442

10/09/14--01012--003 \*\*35.00

TÄLLÄHÄSSEE, FLORIDA

OCT 1 6 2014 T. CARTER

PATRO Change

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Vanessia Davis, PA Name of Corporation
DOCUMENT NUMBER: P14000014710
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:
Vanessia Davis Name of Contact Person  Vanessia Davis, PA  Firm/Company  7061 Coral Cove Dr.  Address  Orlando, FL 32818  City/State and Zip Code
Vanessia davis @ gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  \[ \sum{Varies in Davis}{\text{Name of Contact Person}} \text{at } \frac{407}{\text{Area Code & Daytime Telephone Number}} \]
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

Pursuant to the p statement of char	provisions of section of is submitted for	ons 607.0502, 6 or a corporation	17.0502, 607 corganized i	7.1508, or 617. Inder the laws	1508, Florida of the State of	Statutes, Flor	, this ido	_
in order	to change its regi	stered office or	registered a	gent, or both,	in the State of	Florida.		
1. The name of th	he corporation:	Vanessi	<u>a Dai</u>	US, PA				
2. The principal of	office address:			ve Dr				
		Drland	10, FL	3281	8	<u></u>	<u>-</u>	
3. The mailing ac	ddress (if different	):	<u> </u>					
<u> </u>		<u></u>				<del></del>		
4. Date of incorp	oration/qualificati	on: February	1 17,2010	Document nui	mber: <u> <i>P   4 0</i></u>	1000/	4/10	
	street address of t tment of State: (If	resigned, enter i	resigned) ·	-				
_	Corp	oration	Servici	e Compo	nej	_		
	1201	Hays.	Street			_		
	Tal	oration Hays : Lahassee	, FL	3236	) /	_	مید	ZS.
6. The name and (if changed):	street address of t						14 OCT -9	LLAHAS
	Va	nessia "	Davis				9 PH	333
•	70	41 Coral	Cove	Dr		_	i i	FLO
		lando,	Box NOT accepta	ible		_	: 39	LORIDA
The street addres	ss of its registered be identical.	office and the	street addre	ss of the busir	ess office of i	its registe	ered age	ent,
	s authorized by re e board, or the co							
Vanemia	Davis, P	A A		Vanessia	Davis,	Dire	ctor	_
I hereby accept to I further agree to performance of agent. Or, if this hereby confirm to the confirmation of the confirmation		s registered ag provisions of a m familiar with ng filed merely on has been not		Printed o ge to act in thi glative to the p the obligation change in the l ing of this cha	r typed name and t	itle		_
	nature of Registered Age	nı			Date			
If signing on beh	ia Dowis							
	ped or Printed Name							

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