

P14000044309

(Requestor's Name)

(Address)

(Address)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ANN McRAE PA.  
Name of Corporation

**DOCUMENT NUMBER:** P14 000 44309

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:

ANN McRAE  
Name of Contact Person

ANN McRAE PA  
Firm/Company

3212 HIBISCUS DR  
Address

HERNANDO BEACH. FL 34607  
City/State and Zip Code

amcrae@fampabay.fl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN McRAE at (352) 279-8629  
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: ANN McRAE PA
2. The principal office address: 3212 HIBISCUS DRIVE  
HERNANDO BEACH FL 34607
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/16/14 Document number: P1400044309
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 ST  
TALLAHASSEE FL 32301

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

ANN McRAE  
3212 HIBISCUS DR.  
P.O. Box NOT acceptable  
HERNANDO BEACH FL 34607

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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.

Ann McRae  
Signature of an officer or director

ANN McRAE PRESIDENT.  
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.*

Ann McRae  
Signature of Registered Agent

10/17/14  
Date

If signing on behalf of an entity:

ANN McRAE PA  
Typed or Printed Name

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