

P15000000651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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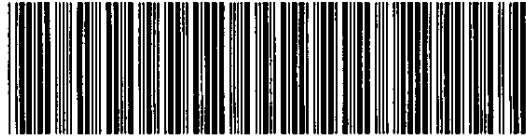
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 08 2014  
C. CARROTHERS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: COLLEEN MARY TAYLOR, PA  
Name of Corporation

DOCUMENT NUMBER: P15000000651

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:

COLLEEN TAYLOR  
Name of Contact Person

COLLEEN MARY TAYLOR, PA  
Firm/Company

9640 SPRING LAKE DR.  
Address

CLERMONT FL 34711  
City/State and Zip Code

colleenmtaylor2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Taylor at (352) 552-7456  
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: COLLEEN MARY TAYLOR, PA
2. The principal office address: 9640 SPRING LAKE DR.  
CLERMONT, FL 34711
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/2/2015 Document number: P15000000651
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):

Colleen Taylor  
9640 Spring Lake Dr.  
P.O. Box NOT acceptable  
Clermont, FL 34711

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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.

Colleen M. Taylor  
Signature of an officer or director

COLLEEN M. TAYLOR, CEO  
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.*

Colleen M. Taylor  
Signature of Registered Agent

6-25-15  
Date

If signing on behalf of an entity:

COLLEEN M. TAYLOR  
Typed or Printed Name

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