

P15000046814

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SECRETARY'S OFFICE  
TALLAHASSEE, FLORIDA

RA office change

JAN 14 2016  
D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DAWN L. COLSTON PA.  
Name of Corporation

**DOCUMENT NUMBER:** P 15000046814

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:

DAWN L. COLSTON  
Name of Contact Person

DAWN L. COLSTON PA  
Firm/Company

3743 Canopy Circle  
Address

NAPLES, FL 34120  
City/State and Zip Code

DAWN @ EQUITYREALTY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWN L. COLSTON at (889) 784-9099  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 28, 2015

DAWN L COLSTON  
DAWN L. COLSTON, P.A.  
3743 CANOPY CIRCLE  
NAPLES, FL 34120

SUBJECT: DAWN L. COLSTON, P.A.  
Ref. Number: P15000046814

We have received your document for DAWN L. COLSTON, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete sections 5 and 6 if you are changing the registered agent we currently have on file in our office. If you are not changing the registered agent's information you do not need to complete this application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 615A00026973

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16 JAN 11 PM 2:22

**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: DAWN L. COLSTON P.A.
2. The principal office address: 3743 CANOPY CIRCLE  
NAPLES, FL 34120
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P 150000 46814
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)

DAWN L. COLSTON  
8136 TAUREN CT.  
NAPLES, FL 34119

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

DAWN L. COLSTON  
3743 CANOPY CIRCLE  
P.O. Box NOT acceptable  
NAPLES, FL 34120

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TALLAHASSEE, FLORIDA

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.

Dawn L. Colston  
Signature of an officer or director

DAWN L. COLSTON  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)