

P15000086179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

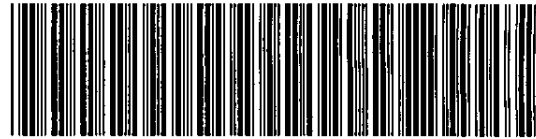
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S. TALLENT

OCT 11 2016

FILED  
16 OCT -6 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R/A-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2016

KATHLEEN M GUSHWA  
KATHLEEN MARY GUSHWA, P.A.  
155 BLACKSTONE CREEK RD.  
GROVELAND, FL 34736

SUBJECT: KATHLEEN MARY GUSHWA, P.A.  
Ref. Number: P15000086179

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 916A00020114

Rec. 10/06/2016

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Kathleen Mary Gushwa, P.A.  
Name of Corporation

DOCUMENT NUMBER: P15000086179

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:

Kathleen M Gushwa

Name of Contact Person

Kathleen Mary Gushwa, P.A.

Firm/Company

155 Blackstone Creek Rd.

Address

Groveland, FL 34736

City/State and Zip Code

kathygushwa@yahoo.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen M. Gushwa

Name of Contact Person

at ( 407 ) 492-5693

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: Kathleen Mary Gushwa, P.A.
2. The principal office address: 155 Blackstone Creek Rd., Groveland, FL 34736
3. The mailing address (if different): same
4. Date of incorporation/qualification: 10/19/2015 Document number: P15000086179
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)

Kathy Gushwa

10128 Tween Waters St.

Clermont, FL 34715

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

Kathleen M. Gushwa

155 Blackstone Creek Rd.,

P.O. Box NOT acceptable

Groveland, FL 34736

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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.

Kathleen M. Gushwa  
Signature of an officer or director

Kathleen M Gushwa 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.*

Kathleen M. Gushwa  
Signature of Registered Agent

09/13/2016

Date

If signing on behalf of an entity:

Kathleen M Gushwa

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)