P150000 97003

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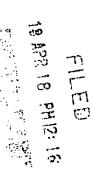
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COVER LETTER

Division of Corporations
SUBJECT: Sharon L. Vance PA Name of Corporation
DOCUMENT NUMBER: P15000097003
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:
Sharon L. Vance Name of Contact Person
Sharon L-Vance, PA
20175 Manecke Rd.
Brooksville, FL 34601 City/State and Zip Code
brooksvillehomes and landegmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Sharon Vance at (352) 279-9719 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 ofFL
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Shorton L, Vance, PA
2. The principal office address: 20175 Manacke Rd.
Brooksville FC 34601
3. The mailing address (if different): 62mc 25 above
4. Date of incorporation/qualification: 1/1/2016 Document number: P150000 970
7 7
 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)
Sharon I Vance
OTION L. VAIL
K-> old. 27095 Lambeth Rd.
address Brooksville Fr 34602
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Sharon I Vance
2017 Monache Pol
P O, Box NOT acceptable
address Brooksville FL 34601
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.
Shorin School Prosident
Signature of an officer or director 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.
performance of my dulies, 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:
afficient Volce
Typed or Printed Name

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