Pauxou91

(Requestor's Name)	•
(Address)	•
(Address)	-
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	/
	(

Office Use Only

12-1089



600162137656

12/07/09--01023--022 **35.00 *

EC-7 AMILITAL
WHASSE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT:F	Pat Cook Constru Name of Co				
	Name of Co	rporation			
DOCUMENT NUMBER:	P920	00001491			
The enclosed Statement of Chang	e of Registered Office	Agent and fee are submi	tted for filing.		
Please return all correspondence	concerning this matter	to the following:			
	Patrick Patrick				
	Name of Con	tact Person			
	Pat Cook Cons	struction. Inc.			
	Firm/Cor				
		1 /			
19	904 Manatee Aveni	ue West. Suite 300			
	Addro				
	Bradenton, I	FL 34205			
Bradenton, FL 34205 City/State and Zip Code					
E-mail addre	ss: (to be used for fu	ture annual report noti	fication)		
For further information concerning	g this matter, please ca	ıll;			
Patrick Co	ok	at (941)	749-1959		
Name of Contact	Person	Area Code & Dayti	749-1959 me Telephone Number		
Enclosed is a \$35.00 check made	payable to the Departn	nent of State.			
Mailing A	Address: nent Section	Street Address			
		Amendment So			
	of Corporations	Division of Co	-		
P.O. Box		Clifton Buildin	ng c Center Circle		
tanas	sce, FL 32314	Tallahassee, F			

TO:

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nnge is submitted for a co	orporation organize	507.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	ate of Florida	
	the corporation: Pat C office address: 1904 N		tion, Inc. West, Suite 300, Bra	adenton, FL 34205	
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification:	11/03/1992	Document number:	P92000001491	
	I street address of the cur tment of State: (If resign		at and registered office on	file with the	
	James E. Thomiso	n			
	1800 2nd Street, S	Suite 808			
	Sarasota, FL 3423	36		2009 SEC TALL	
6. The name and (if changed):	strect address of the nev	w registered agent (i	f changed) and /or register	-7 AI	
	1819 Main Street,	Suite 1110	ceptable	1:2	-
	Sarasota, FL 3423		ceptable		
The street addre	ss of its registered offic be identical.	ee and the street add	lress of the business offic	ee of its registered agent,	
- Signatur	Sull Add Control of the Control of t		rits board of directors or ed in writing of the change of the proper of	by an officer so ge. December of the second	,
——————————————————————————————————————	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Ty	ped 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