

P920200014712

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10 JUL 22 AM 8:26

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@ 7/22/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nancy G. Farage, Professional Association
Name of Corporation

DOCUMENT NUMBER: P92000014712

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:

Nancy G. Farage
Name of Contact Person

Nancy G. Farage, Professional Association
Firm/Company

P.O. Box 173027
Address

Tampa, FL 33672
City/State and Zip Code

nancy.farage@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy G. Farage at (813) 837-4909
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

July 9, 2010

NANCY G. FARAGE
NANCY G. FARAGE, P.A.
P.O. BOX 173027
TAMPA, FL 33672

SUBJECT: NANCY G. FARAGE, PROFESSIONAL ASSOCIATION
Ref. Number: P92000014712

We have received your document for NANCY G. FARAGE, PROFESSIONAL ASSOCIATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

List the current agent in part 6 as well.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 210A00016773

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TALLAHASSEE, FLORIDA

**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: Nancy G. Farage Professional Association
2. The principal office address: 3010 W. Bay Vista Ave
Tampa, FL 33611
3. The mailing address (if different): P.O. Box 173027, Tampa, FL 33672

4. Date of incorporation/qualification: 12/23/1992 Document number: P92000014712

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)

Nancy G. Farage

7070 North Franklin Street, 4th Floor

Tampa, FL 33602 US

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

Nancy G. Farage

3010 W. Bay Vista Ave.

P.O. Box NOT acceptable

Tampa, FL 33611

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.

Nancy G. Farage
Signature of an officer or director

Nancy G. Farage, President & 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.

Nancy G. Farage
Signature of Registered Agent

7-19-2010
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 (8/05)

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