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SECRETARY OF STAIL DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Can Bennett Rubin P. A.  Name of Corporation
D 9200002 ( = 2 )
DOCUMENT NUMBER: F / 3 0000 3 6 3 2 2
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:
Name of Contact Person
Name of Contact Person
Firm/Company
гин/ <b>Сопра</b> пу
1649 Atlantic Blvd. Address
Address
Jacksonville, FL 32207  City/State and Zin Code
only built and May boat
grubin@ rubinandrubin.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
buy Rugin 304, 379-2666
Name of Contact Person at (904) 379-2666  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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: buy Bennett Rubin P.A.  2. The principal office address: 1649 Atlantic Elvo.
2. The principal office address: 1649 PAT/47 AC E/VD.
Jacksonville FL 32207
3. The mailing address (if different): 4593 0-4e54 Blvd
Juchson: 1/1e, FC 32210
3. The mailing address (if different): 4593 0-4e54 B/VD  Juchsanv!/k FC 322/0  4. Date of incorporation/qualification: 5/20/93 Document number: 79300003652.
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)
bus B. Rusin
10 su Atlanta Ave
STUART FL 34894 = ==
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1649 Atlantic Blud
1649 Atlantic Blud  P.O. Box NOT acceptable  Jacksonville FC 32207
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.
Jon B Rusin
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.
3-23-11
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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