

P93000074149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

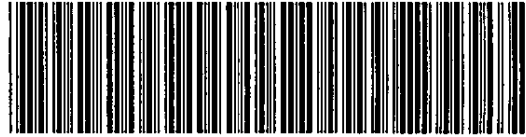
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP - 8 PM 2:42

SEP 10 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAW OFFICE OF KEVIN CANNON, P.A.
Name of Corporation

DOCUMENT NUMBER: P93000074149

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:

KEVIN CANNON
Name of Contact Person

LAW OFFICE OF KEVIN CANNON, P.A.
Firm/Company

PO BOX 195698
Address

WINTER SPRINGS, FL 32719
City/State and Zip Code

KEVIN CANNON @ CANNON-LAWOFFICE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN CANNON at (407) 839-1040
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 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: LAW OFFICE OF KEVIN CANNON, P.A.
2. The principal office address: 1135 EAST SR-434 ; Suite 3001
WINTER SPRINGS, FL 32708
3. The mailing address (if different): PO Box 195698
WINTER SPRINGS, FL 32719
4. Date of incorporation/qualification: 10/26/1993 Document number: P93000074149
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)

KEVIN CANNON
390 N. ORANGE AVENUE; Suite 2300
ORLANDO, FL 32801

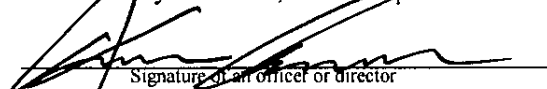
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KEVIN CANNON
1135 EAST SR-434 ; Suite 3001
P.O. Box NOT acceptable
WINTER SPRINGS, FL 32708

FILED
15 SEP -8 PM 2:42
DIVISION OF CORPORATIONS
SECRETARY OF STATE

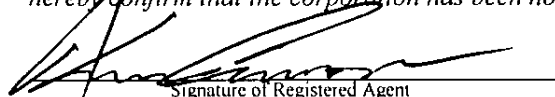
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

KEVIN CANNON, PRES, 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.


Signature of Registered Agent

9/2/2015
Date

If signing on behalf of an entity:

Typed or Printed Name

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