## P94000022615

(Re	equestor's Name)	
(Ac	idress)	<u></u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	> #)
(Ви	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>	Office Use Onl	



08/09/04--01066--012 \*\*35.00



RA address Chg.



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Shepard Law Offices, P.A. (Name of corporation)	
(Name of corporation)	
DOCUMENT NUMBER:_P94000022615	<u>د.</u> این
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:	
Clifford B. Shepard, III (Name of contact person)	<del></del>
Shepard Law Offices, P.A. (Firm/Company)	<del></del> -
111 South Maitland Ave. (Address)	-h.,
Mailtland, FL 32751	
(City/state and zip code)	
For further information concerning this matter, please call:	
Clifford B. Shepard, III at (407 ) 629-4323	
Clifford B. Shepard, III at (407) 629-4323   (Name of contact person) (Area code & daytime telephone number)	<u> </u>
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

.

.

4

.

## 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 t	he corporation. Shepard Law Offices, P.A.
2. The principal	office address: 111 South Maitland Ave., Maitland FL. 32751
- <u></u>	ddress (if different): Same as above
4. Date of incorp	poration/qualification: 5/24/04 Document number: P94000022615
	street address of the current registered agent and registered office on file with the tment of State:
	Clifford B. Shepard, III
	221 NE Ivanhoe Blvd. #205
	Orlando, FL. 32804
(if changed):	street address of the new registered agent (if changed) and /or registered office Clifford B. Shepard, TE
	111 South Maitland Ave. (P.O. Box NOT acceptable)
÷	Maitland, FL. 32751
	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	s 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.

gnature of an officer or director)

Clifford B. Shepard, III (Printed or typed name and title)

(Date)

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.

8. ð (Signature Registered Agent)

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