



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Randal L. Schechter, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P94000061439

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:

Randal L. Schechter  
Name of Contact Person

Randal L. Schechter, P.A.  
Firm/Company

1870 W. Granada Blvd.  
Address

Ormond Beach, FL 32174  
City/State and Zip Code

rlspa@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randal L. Schechter at (386) 672-2550  
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

