## P94000061439

(Requestor's	Name)
(Address)	
(Address)	
(riddiess)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
	<del>_</del>
(Business En	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
' <del></del>	
Special Instructions to Filing Office	er:

Office Use Only



800225144518

03/22/12--01009--016 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORID,

R.A.

MAR 2 7 2012 T. BROWN

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Randal L. Schecter, P.A.  Name of Corporation
DOCUMENT NUMBER: P9400061439
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. Schecter Name of Contact Person
Randal L. Schecter, P.A.
1870 W. Granada Blvd.
Ormond Beach, FL 32174 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Randal L. Schecter 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

## 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 S 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 F.	Flor		<u>_</u>
1. The name of the corporation: Randal L. Schecter, P.A.			
2. The principal office address: 1870 W. Granada Blvd.			
Ormand Beach, FL 32174			
3. The mailing address (if different): Same as above			
4. Date of incorporation/qualification: 8-17-1994 Document number: P94	0000	<u> </u>	139
5. The name and street address of the current registered agent and registered office on file wit Florida Department of State: (If resigned, enter resigned)	h the		
Randal L. Schecter	_		•
175 W. Granada Blvd, Suite 201	-		
Ormond Beach, FL 32174-6362	- NS	201	
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):	CRETARY	2 MAR 22	T
Kandal L. Schecter	- Tig	₽.	$\Pi$
18'10 W. Granada blvd.  P.O. Box NOT acceptable	STAI	**	
Ormand Beach Fl 32174	25	20	
The street address of its registered office and the street address of the business office of its as changed will be identical.	s registe	red age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board of the corporation has been notified in writing of the change.	officer s	30	
Signature of anothicer or director  Bandal L. Schecter Printed or typed name and titl	. Pre	.sider	14
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 com of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereb corporation has been polified in writing of this change.			
Signature of Registered Agent Date	<u>-</u>		_
If signing on behalf of an entity:			
Typed or Printed Name			

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