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	xx	FILING	AMEND		
1.		LAW OFFICES OF MARK F. MOONEY, P.A. (CORPORATE NAME AND DOCUMENT #)			
2.		(CORPORATE NAME AND I	DOCUMENT #)		
3.		(CORPORATE NAME AND	DOCUMENT #)		
4.		(CORPORATE NAME AND	DOCUMENT #)		
5.		(CORPORATE NAME AND	DOCUMENT #)		
6.		(CORPORATE NAME AND	DOCUMENT #)		
	ECIA STRU			<u> </u>	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch <mark>a</mark>	ange is submitted for a corporation organized under the laws of the State of FLORIDA		
	er to change its registered office or registered agent, or both, in the State of Florida.		
	the corporation: LAW OFFICES OF MARK F. MOONEY, P.A.		
2. The principal	l office address: 3853 NORTHDALE BLVD., SUITE 379		
	Tampa, Florida 33624		
3. The mailing a	address (if different):	_	
4. Date of incorp	rporation/qualification: 02/20/1995 Document number: P95000014171	_	
	ed street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	MARK F. MOONEY		
	1211 W. FLETCHER AVE.	ø	
	TAMPA FL 33612		
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office		
	3853 NORTHDALE BLVD., SUITE 379		
	TAMPA, FLORIDA 33624		
	P.O. Box NOT acceptable		
The street address changed will	ress of its registered office and the street address of the business office of its registered agent ll be identical.	,	
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
Mark	MARK F. MOONEY, PRESIDENT		
•	ure of an officer or director Printed or typed name and title		
I hereby accept I further agree : of my duties, an document is hei corporation has	nt the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and lam familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.	e S e	
Mark	grature of Registers Agent Date		
•	ehalf of an entity:		
т	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 CR2E045 (04/13)