P9500017621

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SECRETARY OF STATES DIVISION OF CORPORATION 1: 22

R. A. Charge 5-7-04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PERRET AND ASSOCIATES (NC. (Name of corporation)
DOCUMENT NUMBER: P950000 17624
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:
LYNETTE LPEREET (Name of person)
(Name of person)
PERRET AND ASSOCIATES INC. (Name of firm/company)
1614 ATLANTIC UNIVERSITY CIRCLE (Address)
JACK SONVIUS, FLORIDA 32207 (City/state and zip code)
For further information concerning this matter, please call:
To the first mornation concerning this matter, pieuse care.
LYNETTE L PERRET at (904) 805-0030 (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 409 E. Gaines Street Tallahassee, FL 32399

* 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, Florid	la Statutes, this statement of	
· · · · · · · · · · · · · · · · · · ·	HDA in orde	r
to change its registered office or registered agent, or both, in the State of Florida.	, a	~
1. The name of the corporation: PERRET AND ASSOCIATES, IN	rc. 3	151711 275 10171
2. The principal office address: 1614 ATLANTIC UNIVERSITY CH	ecre =	물었
JACKSONVILLE, FLORIDA 322	07	
3. The mailing address (if different):	-0	399C
	عد سدند،	RATE
4. Date of incorporation/qualification: 3/3/95 Document number: P9	15000017621 8	- F.
5. The name and street address of the current registered agent and registered office on file Florida Department of State:	with the	
DAVID H. BOOHER III		÷
2020 HENDRICKS AVENUE		
JACKSONVILLE, FLORIDA 32207	<u></u>	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	office	
CONSTANCE D HALFORD		
5413 SANDERS ROAD (P.O. Box or personal mailbox NOT acceptable)		, is
JACKSONVILLE, FLORIDA 32277		.
The street address of its registered office and the street address of the business office of changed will be identical.	f its registered agent, as	
Such change was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so authorized by	
(Signature of an officer or director)	oed name and title)	a ··
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 c duties, and I am familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change. (Signature of Registered Ment)	•	
If signing on behalf of an entity:		
	\$	a 2a
(Typed or Printed Name) (0	Capacity)	•

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