## P9500033818

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200314939902

06/25/18--01024--008 \*\*35.08

SCOPE LARY OF STATE

2018 JUN 25 P 12: 82

JUN 2 5 2013



## **COVER LETTER**

TO:	Amendment Section Division of Corporations
	Brad McCulloch, PA
SUBJ	Name of Corporation
	P95000033818
DOC	JMENT NUMBER:
The ea	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Pleasc	return all correspondence concerning this matter to the following:
	Brad McCulloch
	Name of Contact Person
	Brad McCulloch, PA
	Firm/Company
	1009 Cathy Drive
	Address
	Altamonte Springs, FL 32714
	City/State and Zip Code
	bravomac6@gmail.com
	E-mail address: (to be used for future annual report notification)
	rther information concerning this matter, please call:  McCulloch 407 461-4715
Diad	
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section  Street Address: Amendment Section
	Division of Corporations  Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32314 2001 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida		
in orde  1. The name of 1	er to change its registered office or registered agent, or both, in the State of Florida.  Brad McCulloch, PA the corporation:		
	1009 Cathy Drive, Altamonte Springs FL 32714 office address:		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 4/26/95 Document number: P95000033818		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	Brad McCulloch		
	361 Red Mulberry Ct Longwood FL 32714		
	ELCH CHECK		
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office		
	Brad McCulloch Type U		
	1009 Cathy Dr. Altamonte Springs FL 32714		
	P.O. Box NOT acceptable		
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent.  I be identical.		
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.		
BLM	PRESIDENT  Printed or typed name and title		
I haraby accent	t 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 f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.		
BLMU	gnature of Registered Agent Date		
Sig	gnature of Registered Agent Date		
If signing on be	chalf of an entity:		
	Typed or Printed Name		
	* * * FILING FEE: \$35.00 * * *		