

P95000057206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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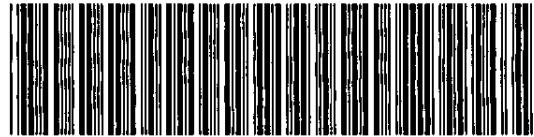
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: McCaig and Duet, P. A.

Name of Corporation

DOCUMENT NUMBER: P95000057206

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:

William T. McCaig

Name of Contact Person

McCaig and Duet, P. A.

Firm/Company

6312 Turtle Creek Blvd.

Address

Tampa, FL 33625

City/State and Zip Code

attorneymccaig@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William T. McCaig

Name of Contact Person

at 813 264-0488

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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: McCaig and Duet, P. A.
2. The principal office address: 6312 Turtle Creek Blvd., Tampa, Florida 33625
3. The mailing address (if different): McCaig and Duet, P. A., P.O. Box 272438, Tampa, Florida 33688-2438
4. Date of incorporation/qualification: July 25, 1995 Document number: P95000057206
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

William T. McCaig

1211 West Fletcher Ave.

Tampa, FL 33612

6. The name and street address of the new not changed registered agent (if changed) and /or registered office (if changed):

6312 Turtle Creek Blvd.

P.O. Box NOT acceptable

Tampa, Florida 33625

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William T. McCaig
Signature of an officer or director

William T. McCaig, President

Printed or typed name and title

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

William T. McCaig
Signature of Registered Agent

July 11, 2013

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA