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endment Section ivision of Corporations

SUBJECT: CURTRIGHT C. TRUITT, P.A. Name of Corporation		
DOCUMENT NUMBER: <u>P9500075485</u>		
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:		
Leah R. Edmonds Name of Contact Person		
Cuetright C. Truitt, P.A.		
12711 World Plaza lane, Building 81		
Fort Myers FC 33907 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (239) 277 - 5225 Area Code & Daytime Telephone Number		
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

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

Typed or Printed Name