

P96000002339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

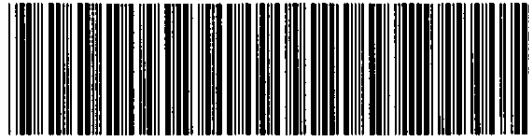
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R.A.

NOV 14 2012
T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LENORE SCHILLER PA
Name of Corporation

DOCUMENT NUMBER: P96000002339

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:

LENORE SCHILLER
Name of Contact Person

LENORE SCHILLER, P.A
Firm/Company

PO BOX 1200
Address

LAKE WALES, FL 33859
City/State and Zip Code

LenoreS27@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LENORE SCHILLER at (863) 605 3442
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

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: LENORE SCHILLER, PA. (NO CHANGE)
2. The principal office address: 1069 NAES LANE, LAKE WALES, FL 33853
3. The mailing address (if different): PO BOX 1200, LAKE WALES, FL 33859
4. Date of incorporation/qualification: 01/01/1996 Document number: P96000002339
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)

LENORE SCHILLER
3406 PONCE DE LEON BLVD, DOWNSTAIRS
CORAL GABLES FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

(LENORE SCHILLER - NO CHANGE)
1069 NAES LANE
P.O. Box NOT acceptable
LAKE WALES FL 33853

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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.

Lenore Schiller
Signature of an officer or director

LENORE SCHILLER Pres/Dir
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.

Lenore Schiller
Signature of Registered Agent

8 Nov 2012
Date

If signing on behalf of an entity:

Typed or Printed Name

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