

P96000003/23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

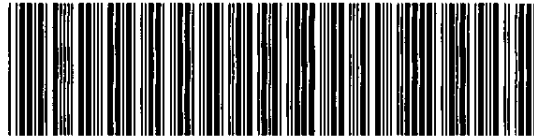
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500111191335

11/09/07--01031--003 **35.00

Lo chy

FILED

07 NOV - 9 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV 14 2007

KATHY D. SHEIVE, P. A.

ATTORNEY AT LAW
KATHY D. SHEIVE, ESQ.

318 N. JOHN YOUNG PARKWAY, SUITE 1
KISSIMMEE, FLORIDA 34741
TELEPHONE: (407) 944-4010
FAX NO.: (407) 944-4011
E-MAIL: kdsheive@aol.com

November 7, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Change of Address

Dear Sir/Madam:

Enclosed please find the completed Statement of Change of Registered Office for Corporations as well check #8516 in the amount of \$35.00 for filing of same. Thank you for your assistance in this matter.

Very truly yours,



Kathy D. Sheive, Esq.

KDS/jlc
Enclosures: as stated

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KATHY D. SHEIVE, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P96000003123

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:

KATHY D. SHEIVE
(Name of Contact Person)

KATHY D. SHEIVE, P.A.
(Firm/Company)

318 N. JOHN YOUNG PARKWAY, SUITE 1
(Address)

KISSIMMEE, FL 34741
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY D. SHEIVE at (407) 944-4010
(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: KATHY D. SHEIVE, P.A.
2. The principal office address: 318 N. JOHN YOUNG PARKWAY, SUITE 1
KISSIMMEE, FL 34741
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 01/10/1996 Document number: P96000003123
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

KATHY D. SHEIVE

316 N. JOHN YOUNG PARKWAY, SUITE 8

KISSIMMEE, FL 34741

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

KATHY D. SHEIVE

318 N. JOHN YOUNG PARKWAY, SUITE 1

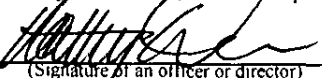
(P.O. Box NOT acceptable)

KISSIMMEE, FL 34741

FILED
07 NOV -9 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Signature of an officer or director)

KATHY D. SHEIVE, DIRECTOR
(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.


(Signature of Registered Agent)

11/6/07
(Date)

If signing on behalf of an entity:

KATHY D. SHEIVE

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)