96000057328

(R	equestor's Name)
A)	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(D	Occument Number)
	Certificates of Status
Special Instructions to PIS. Car Ready	Filing Officer: 1 When 1881-6788 i.e. Dixon
	Office Lice Only

Office Use Only



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02/18/09--01802--014 **35.00

SECRETARY OF STATE NOT INTENDED TALLAHASSEE, FLORIDATO ACKNOWLEDGE

FILED JOINSTON OF CORPORATIONS
FEB 17 PM 3: 43 2009 FEB 17 PM 3: 28

R.A. Change

C.COULLIETTE

FEB 17 2009

EXAMINER

COVER LETTER

SUBJECT: Jeffrey A. Parker & Associates, Inc. (Name of Corporation)			
DOCUMENT NUMBER: P96000057328			
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:			
Jeffrey A. Parker			
(Name of Contact Person)			
Jeffrey A. Parker & Associates, Inc.			
(Firm/Company)			
27 Hewing Field (Address)			
(rtduesa)			
Chilmark, MA 02535 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Jeffrey A. Parker at (508) 645-8095 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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 Status statement of change is submitted for a corporation organized under the laws of the State of Massimum in order to change its registered office or registered agent, or both, in the State of Florida.	ssachusetts
1. The name of the corporation: <u>Jeffrey A. Parker & Associates, Inc.</u>	<u> </u>
2. The principal office address: 27 Hewing Field, Chilmark, MA 02535	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/03/1996 Document number: P9600005	7328
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)	ne
Mark S. Hardgrove	HS 0
29 East Pine Street	9 FE ECRI
Orlando, FL 32801	HAS ETAI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	77.0
J. Stephen Menton	LATE ORID
119 South Monroe Street, Suite 202 (P.O. Box NOT acceptable)	DE A
Tallahassee, FL 32301	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board of the congoration has been notified in writing of the change.	ficer so
(Signature of anothicer or director) JEFFREY A. PARICEN, I	ME IDENT
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 completed for my duties, and I am familiar with and accept the obligation of my position as registered adocument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	ete performance
(Signature of Registered Agent) 2/17/09 (Date)	
If signing on behalf of an entity:	
John Stephen Menton (Typed or Printed Name)	

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