

P96000066480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

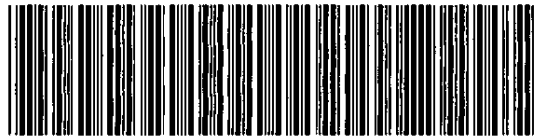
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2009 AUG 10 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A.

TB

AUG 11 2009

ARLENE F. AUSTIN, P.A.

6312 Trail Blvd.
Naples, Florida 34108
(239) 514-8211
(239) 514-4618 (Fax)

August 5, 2009

Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

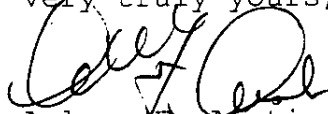
Re: Arlene F. Austin, P.A.
Document No. #P96000066480

Gentlemen:

I have moved my law practice and the new address and telephone numbers are as set forth above. Please change your records accordingly.

I have also enclosed a Statement of Change of Registered Agent along with a check in the sum of \$35.00 for the fees. Thank you for your kind cooperation and assistance. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Arlene F. Austin

AFA:jf

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arlene F. Austin, P.A.
Name of Corporation

DOCUMENT NUMBER: P96000066480

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:

Arlene F. Austin
Name of Contact Person

Arlene F. Austin, P.A.
Firm/Company

6312 Trail Blvd.
Address

Naples, FL 34108
City/State and Zip Code

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

For further information concerning this matter, please call:

Arlene F. Austin at (239) 514-8211
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: Arlene F. Austin, P.A.
2. The principal office address: 6312 Trail Blvd., Naples, FL 34108-2836
3. The mailing address (if different): 6312 Trail Blvd., Naples, FL 34108-2836
4. Date of incorporation/qualification: 08/04/96 Document number: P96000066480
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)

Arlene F. Austin

700 11th Street South, Suite 102

Naples, FL 34102

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

Arlene F. Austin

6312 Trail Blvd.

P.O. Box NOT acceptable

Naples, FL 34108-2836

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.



Signature of an officer or director

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.



Signature of Registered Agent

August 6, 2009

Date

If signing on behalf of an entity:

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)