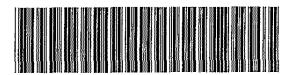
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r's Name)			
/Zip/Phone #)			
WAIT MAIL			
Entity Name)			
t Number)			
Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Daniel A. Harris, PA	•	
	(Name of Corp	oration)	
DOC	UMENT NUMBER: P96000071241	•	
The er	nclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.	
Please	e return all correspondence concerning this matter to	the following:	
110050			
	Daniel A. Harris		
(Name of Contact Person)			
	Daniel A. Harris, PA		
	(Firm/Com	pany)	
	3937 Tampa Road, Suite 2		
	(Addres	s)	
	Oldsmar, Florida 34677		
	(City/State and	Zip Code)	
For fu	orther information concerning this matter, please call	:	
		040 944 9665	
Karer	n J. Murray (Name of Contact Person)	at (813) 814-0665 (Area Code & Daytime Telephone Number)	
	(Name of Conact Lesson)	(The Code to Bay mile Temphone Trouble)	
Enclos	sed is a \$35.00 check made payable to the Departmo	ent of State.	
	Mailing Address:	Street Address:	
	Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida records of the state of Florida.
1. The name of	the corporation; Daniel A. Harris, PA
	office address: 3937 Tampa Road, Suite 2 Oldsmar, Florida 34677
3. The mailing a	uddress (if different): 3937 Tampa Road, Suite 2 Oldsmar, Florida 34677
4. Date of incorp	poration/qualification: 08/27/1996 Document number: P96000071241
	I street address of the current registered agent and registered office on file with the truent of State:
	Daniel A. Harris
	Oldsmar, Florida 34677 US TALL REPARENTARY Oldsmar, Florida 34677 US
	Oldsmar, Florida 34677 US
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Daniel A. Harris
	3937 Tampa Road, Suite 2
	(P.O. Box NOT acceptable)
	Oldsmar, Florida 34677
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so experience of the corporation has been notified in writing of the change.
_ Wind (Signatur	Daniel A. Harris (Printed of typed name and title)
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance of an idea of the proper and complete performance of an idea of the proper and complete performance of an idea of the proper and complete performance of an idea of this agent. Or, if this needs to reflect a change in the registered office address, I hereby confirm that the specific of this change. A 24 07
· -	mature of Registered Agent) (Date)
Daniel	half of an entity: A = 10 1/3 yped or Printed Name)

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