

P96000072220

AMERILAWYER®

(Requestor's Name)

343 ALMERIA AVENUE

(Address)

CORAL GABLES, FL 33134 - (305) 445-2700

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

SU0002324185--9

-10/20/97--01061--012

*****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MICHAEL T. CONNOLLY, INC. P96000072220
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
97 OCT 22 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/11/98
DIVISION OF CORPORATION
97 OCT 20 AM 11:43
RECEIVED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
OCT 20 PM 1:58
DIVISION 1
REGISTRATION

October 20, 1997

AMERILAWYER

TALLAHASSEE, FL

SUBJECT: MICHAEL T. CONNOLLY, INC.
Ref. Number: P96000072220

We have received your document for MICHAEL T. CONNOLLY, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 997A00051135

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Michael T. Connolly, Inc.

1b. The mailing address of the corporation is: P.O. Box 2741 Vero Beach,
FL 32961

1c. Date of incorporation: 8-26-96 Document number: P96000072220

2. The name and address of the current registered agent and office:

Richard L. Prendergast, Inc.
35 43 Rd. Avenue
Vero Beach, FL 32968

3. The name and address of the new registered agent and office: (P.O. Box Not Accepted)

Amerilawyer
343 Almeria Ave.
Coral Gables, FL 33134

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.

Michael T. Connolly
(Signature of an officer, chairman or vice chairman of the board)

10/21/97
(Date)

Michael T. Connolly
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Lawrence J. Spiegel
(Signature of Registered Agent)

10/21/97
(Date)

If signing on behalf of an entity: Amerilawyer

Lawrence J. Spiegel
(Typed or Printed Name)

President
(Capacity)

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

FILED
97 OCT 22 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA