

P96000101337

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

SEP - 3 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAW OFFICES OF EILON KRUGMAN-KADI, P.A.
Name of Corporation

DOCUMENT NUMBER: P96000101337

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:

RICHARD MELLMAN

Name of Contact Person

Firm/Company

P.O. BOX 2922

Address

GAINESVILLE, FL 32602

City/State and Zip Code

rmellman00@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD MELLMAN

Name of Contact Person

at (

352)

377-9000

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAW OFFICES OF EILON KRUGMAN-KADI, P.A.
2. The principal office address: 1020 SW 11 TERR GAINESVILLE, FL 32601
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/16/1996 Document number: P96000101337
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)

JENNINGS MARY

824 E. UNIVERSITY AVE

GAINESVILLE, FL 32601

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

WILLIAM E. MCEACHERN

1020 SW 11 TERR

P.O. Box NOT acceptable

GAINESVILLE, FL 32601

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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.

W.E. McEachern
Signature of an officer or director

W.E. McEachern
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.

W.E. McEachern
Signature of Registered Agent

8/31/09
Date

If signing on behalf of an entity:

W.E. McEachern
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)