

P96000103730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

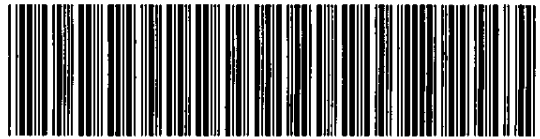
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TALLAHASSEE, FLORIDA

NO change
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1-15-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michele L. Ross, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P96000103730

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:

Michele L. Ross
(Name of Contact Person)

Michele L. Ross Realty
(Firm/Company)

4419 N. Grady Ave.
(Address)

Tampa, Florida 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele L. Ross at (813) 831-8074
(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

RECEIVED
2008 DEC 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*As w/ PREVIOUSLY SUBMITTED
CHECK #3148 - DATED 12/12/08
From MICHELE L. ROSS, PA*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2009

MICHELE L. ROSS
MICHELE L. ROSS, P.A.
4419 N. GRADY AVENUE
TAMPA, FL 33614

SUBJECT: MICHELE L. ROSS, P.A.
Ref. Number: P96000103730

We have received your document for MICHELE L. ROSS, P.A. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

Per our telephone conversation of December 19, 2008, the Statement of Change of Registered Office/Agent form was not attached to the enclosed check and cover letter.

To date I have not received the form, the attached is being returned.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 209A00000543

**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: MICHELE L. ROSS, PA.
2. The principal office address: 4419 N. GRADY AVE.
TAMPA, FL 33614
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/2/2008 Document number: P96000103730

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)

MICHELE L. ROSS
2417 S DUNDCE ST
TAMPA, FL 33629

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

MICHELE L. ROSS
4419 N. GRADY AVE
(P.O. Box NOT acceptable)
TAMPA, FL 33614

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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.

M. L. Ross, PRES
(Signature of an officer or director)

MICHELE L. ROSS, PRES
(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.

Michele L. Ross
(Signature of Registered Agent)

DECEMBER 20, 2008
(Date)

If signing on behalf of an e

(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)