P970000 43798

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	· e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
,		,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
!		

Office Use Only



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11/18/11--01013--007 **35.00

2011 NOV 18 PHI2: 21

R.A.

MBrown 11-18-11



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

November 10, 2011

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Patrick Russell, P.A.

Dear Sir/Madam,

For the purposes of changing the registered office and/or registered agent of the above Patrick Russell, P.A.

Please find the enclosed original Certificate of Change of Registered Agent accompanied by our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Regards,

Wendy D. Rea

National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	PATRICK RUSSE	LL, P.A.			
	Name of Corpo	ration			
DOCUMENT NUMBER:	P97000	043798			
The enclosed Statement of Char	nge of Registered Office/Ag	ent and fee are subm	nitted for filing.		
Please return all correspondence	concerning this matter to t	he following:			
	Wendy Re	ea			
	Name of Contact	Person			
NRAI Firm/Company					
	i iiii Compo	,			
	11600 College Blvd	t Suite 210			
	11600 College Blvc Address	, 04110 2 10			
	Overland Park, K	S 662140			
	City/State and Zi	p Code	-		
	info@nrai.co	om			
E-mail address: (to be used for future annual report notification)					
For further information concern	ing this matter, please call:				
Wendy R	?aa	. 800 .	EEO 6704		
Name of Contact	Person	Area Code & Dayt	550-6724 ime Telephone Number		
Enclosed is a \$35.00 check made	e payable to the Department	t of State.			
<u>Mailing</u> Amend	Address: ment Section	Street Address Amendment S	<u>:</u> ection		
Divisio	n of Corporations	Division of C	orporations		
	ox 6327	Clifton Buildi			
Tallaha	ssee, FL 32314				
Tallaha	ssee, FL 32314	2661 Executiv Tallahassee, F	ve Center Circle 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 S inge is submitted for a corporation organized under the laws of the State of <u>t</u> r to change its registered office or registered agent, or both, in the State of F	Florida	's 	
1. The name of t	he corporation: PATRICK RUSSELL, P.A.		<u></u> _	
2. The principal MIAMI, FL	office address: 28 WEST FLAGLER STREET SUITE 201 . 33130			
3. The mailing a	ddress (if different):			
4. Date of incom	poration/qualification: 05/19/1997 Document number: P	9700004	3798	
	street address of the current registered agent and registered office on file wit tment of State: (If resigned, enter resigned)	h the		
	RUSSELL, PATRICK ESQ			
	28 WEST FLAGLER STREET SUITE 201	JALL	AON 1182	
	MIAMI FL 33130	AHA.	AO.	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	SSEE, FI	18 PM	
	NRAI Services, Inc.	ORI	12:2	•
	515 East Park Avenue	Ş.T	an particular section of the section	
	P.O. Box NOT acceptable Tallahassee, FL 32301	·		
The street addre as changed will	ss of its registered office and the street address of the business office of its be identical.	s registere	i agent,	
Such change wa	s authorized by resolution duly adopted by its board of directors or by an expand, or the corporation has been notified in writing of the change.	officer so		
1	PATRICK RVS9	1/ _	P	>
-	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and com I am familiar with and accept the obligation of my position as registered of filed merely to reflect a change in the registered office address, I hereb been notified in writing of this change.	plese perfe l agent. O y confirm	ormance or, if this that the	!
hv: /////	Mile of Registered Agent Date	<u> </u>	 -	
If signing on bel				
Wendy	D Rea, Assistant Secretary			
	ped or Printed Name			

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