P97000061149

| (Re | equestor's Name) | | | | |
|-------------------------|--------------------|-----------|--|--|--|
| (Ad | ldress) | | | | |
| (Ad | dress) | | | | |
| (Cit | :y/State/Zip/Phone | - #1) | | | |
| <u></u> | | | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| | | | | | |
| Special Instructions to | Filing Officer: | | | | |
| ! | | | | | |
| | • * | , | | | |
| | | | | | |
| | | | | | |

Office Use Only



600125050166

04/24/08--01029--004 **35.00



128 SU SU

COVER LETTER

| TO: Amendment S Division of Co | | |
|-----------------------------------|---|---|
| SUBJECT: Berg | and Associates, P.A. | |
| | (Name of C | Corporation) |
| DOCUMENT NUME | BER: P97000061149 | |
| The enclosed Statemen | nt of Change of Registered Offic | ce/Agent and fee are submitted for filing. |
| Please return all corres | spondence concerning this matte | er to the following: |
| | | |
| | Rebecca H. McFa | 115%; ontact Person) |
| | (Name of Co | Mulet I ersony |
| | Berg and Associ | ates, P.A. |
| | | ompany) |
| | 4540 0 11 11 | |
| | | Blvd., Suite 302 |
| | (| |
| | Jacksonville, F | L 32216 |
| | | nd Zip Code) |
| For further information | n concerning this matter, please | call: |
| Rebecca H. | McFalls | at (<u>904</u>) <u>398-6100</u> (Area Code & Daytime Telephone Number) |
| (Name | of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 c | heck made payable to the Depar | rtment of State. |
| | | |
| | Mailing 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 |
| | 1411411411500, 115 52511 | Tallahassee, FL 32301 |
| | | |
| • | ام او در در ۱۹۰۱ م. ما ها در | |
| | • | |
| | 44. | |
| | F | A AFT |

CR2E045 (8/05)

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

| statement of char | provisions of section age is submitted for | r a corporation or | ganized under ti | he laws of the | State of | Florida | |
|--|--|---|---|----------------|------------------------|--|---------------------------|
| | to change its regis | | gistered agent, c ssociates, | · | State of Fi | orida. | |
| 1. The name of the | • — | - | · · · · · · · · · · · · · · · · · · · | | 12 | | |
| 2. The principal office address: 4540 Southside Blvd., Suite 302 Jacksonville, FL 32216 | | | | | | | |
| | | | | | | | |
| 3. The mailing ac | ldress (if different) | : | | | | | |
| 4. Date of incorp | oration/qualification | n: <u>8/1/97</u> | Docum | nent number: | P97000 | 0061149 | |
| 5. The name and Florida Depart | street address of the ment of State: | e current register | ed agent and reg | istered office | on file with | 1 the | |
| | | Rebecca L | . Berg | | | | |
| | | 4811 Beach | n Blvd., Su | ite 200 | | | |
| | | Jacksonvi | lle, FL 322 | 07 | | 284 | |
| 6. The name and (if changed): | street address of th | e new registered | agent (if change | d) and /or reg | istered offic | PR.24 | |
| | | Rebecca L. | Berg | | <u>.</u> | | Ö |
| | | 4540 Souths | | Suite 30 | 2 | 93 4. 5 4. 5 5 | |
| | | (P.O. Box NOT accept | , | _ | | D , — | |
| • | | Jacksonvil' | le, FL 3221 | 5 | | | |
| The street address changed will | ss of its registered be identical. | office and the st | reet address of t | he business o | office of its | registered as | gent, |
| Such change was authorized by the | s authorized by rese board, or the cor | solution duly add poration has bee | pted by its boar n notified in wri | d of director | s or by an o hange. | officer so | |
| Zuh Osignatia | e of an officer or director | r) | <u>Vicki</u> : | | , Secret | tary/Treas | <u>sur</u> er |
| I further agree to of my duties, and document is beir | the appointment as o comply with the d I am familiar wit ng filed merely to r been notified in w | provisions of all h and accept the reflect a change i | statutes relative obligation of m in the registerea | to the prope | er and come | plete perform agent. Or, i y confirm tha | iance f this it the |
| Aluc | XXX | | Apri | 1 22, 200 | 8 | | |
| Rebecca L. If signing on bel | | nt) | | (Di | ate) | | |
| (T; | yped or Printed Name) | 1 | | | | | |

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