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COVER LETTER

то:	Amendment Section Division of Corporatio	ns				
SUBJ	ЕСТ:	KEVIN M. MAY	EUX, P.A.	· 		
DOC	UMENT NUMBER:	P970	000070926			
The e	nclosed Statement of Cha	nge of Registered Offic	e/Agent and fee are submi	itted for filing.		
Please	e return all correspondenc	e concerning this matter	to the following:	ı		
		KEVIN M.	MAYEUX	<u></u>		
		Name of Co	ntact Person			
	KEVIN M. MAYEUX, P.A.					
		Firm/Co	ompany			
	1212 WINDING CHASE BOULEVARD					
		Add	ress			
	WINTER SPRINGS, FL 32708 City/State and Zip Code					
	KMAYEUX96@GMAIL.COM E-mail address: (to be used for future annual report notification)					
For fu	orther information concer	ning this matter, please o	call:			
	KEVIN M. N	IAYEUX	at (407)	620-9536 ime Telephone Number		
	Name of Conta	ct Person	Area Code & Dayt	ime Telephone Number		
Enclo	sed is a \$35.00 check ma	de payable to the Depart	ment of State.			
	Amen Divisi P.O. I	ng Address: dment Section fon of Corporations Box 6327 hassee, FL 32314	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ing ve Center Circle		

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 Statinge is submitted for a corporation organized under the laws of the State of FL	ORIDA		
	er to change its registered office or registered agent, or both, in the State of Flor	rida.		
	the corporation: KEVIN M. MAYEUX, P.A.			
	office address: 1212 WINDING CHASE BOULEVARD			
WINTER	SPRINGS, FLORIDA 32708			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 8/15/1997 Document number: P97	00007	'0926	
5. The name and Florida Depart	I street address of the current registered agent and registered office on file with tement of State: (If resigned, enter resigned)	he		
	TIM P. MAYEUX (RESIGNED)			
	1700 INDIAN ROCKS ROAD			
	LARGO FL 33774	tunt		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SELEKE ZAJ	加約 OCT 25	न का उपाक्षि र में र स्वयुक्ति
	KEVIN M. MAYEUX	1717 1716		ا الاستانيات الاستانيات
	1212 WINDING CHASE BOULEVARD		P	£*****
	P.O. Box NOT acceptable	- T	11:14	Tigan, 5
	WINTER SPRINGS, FL 32708	ja-	÷	
	ess of its registered office and the street address of the business office of its rebe identical.		d agent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	ficer so		
Signatur	KEVIN M. MAYEUX, PRE Printed or typed name and title	SIDEN	<u> 17</u>	
-	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and comple d I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby o been notified in writing of this change.	ete perfo gent. O confirm	ormance r, if this that the	!
	10/5/2010			
Sign	nature of Registered Agent Date			
If signing on be	half of an entity:			
Ту	ped 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)