

P97000082 1911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

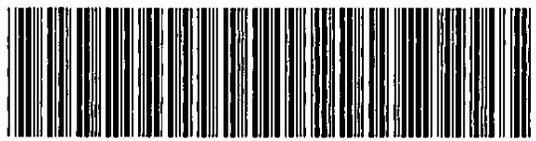
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jeffrey Kenrick, P.A.
Name of Corporation

DOCUMENT NUMBER: P97000082191

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:

Jeff Kenrick
Name of Contact Person

Jeffrey Kenrick, PA
Firm/Company

213 Nut Hatch Loop
Address

Arden, NC 28704
City/State and Zip Code

JKenrick@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Kenrick at (828) 246-3035
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

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: Jeffrey Kenrick, P.A.
- 2. The principal office address: 519 Pine Avenue, Anna Maria, FL 34216
- 3. The mailing address (if different): P.O. Box 928 Anna Maria, FL 34216
- 4. Date of incorporation/qualification: 9/22/1997 Document number: P97000082191
- 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)

Jeffrey Kenrick
522 69th St.
Holmes Beach, FL 34217

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

Monica Reid
519 Pine Avenue
P.O. Box NOT acceptable
Anna Maria, FL 34216

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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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.

Jeff Kenrick
Signature of an officer or director

Jeff Kenrick P, A
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.

Monica Reid
Signature of Registered Agent

6/29/09
Date

If signing on behalf of an entity:

Monica Reid
Typed or Printed Name

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