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(Requestor's Name)

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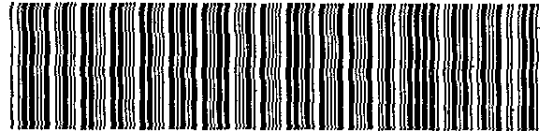
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Shelby, Medina & Stargel, LLP

Attorneys at Law

**Daniel Medina, LL.M.\***

\*Florida Bar Board Certified in Wills, Trusts and Estates

902 S. Florida Avenue, Suite 101  
Lakeland, Florida 33803

Telephone: (863) 577-4000  
Facsimile: (863) 616-9754

February 11, 2005

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

In Re: Our Matter 04-018, Thomas K. Goldie, Inc.

Dear Madam or Sir:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations for Thomas K. Goldie, Inc, along with a check in the amount of thirty-five dollars (\$35.00) for the filing fee.

Thank you for your attention to this matter. Please call me at the number shown above with any questions or comments.

Sincerely,  
Shelby, Medina & Stargel, LLP

By: 

Daniel Medina, LL.M

DM/emh  
Enclosures (as stated)

LAW OFFICES

**SHELBY, MEDINA & STARGEL, LLP**



902 South Florida Avenue, Suite 101 • Lakeland, Florida 33803 • Telephone: (863) 577-4000 • Toll Free: (866) 735-0700 • Facsimile: (863) 616-9754 • Website: FloridaEstatePlanners.com

Daniel Medina, LL.M.\*

\*Florida Bar Board Certified in Wills, Trusts and Estates

Email: [DMedina@smslawyers.com](mailto:DMedina@smslawyers.com)

April 12, 2005

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

In Re: Our Matter 04-018, Thomas K. Goldie, Inc.

Dear Madam or Sir:

Enclosed you will find the *Statement of Change of Registered Office* or Registered Agent or Both for Corporations for Thomas K. Goldie, Inc, along with a copy of the letter from the Florida Department of State.

Thank you for your attention to this matter. Please call me at the number shown above with any questions or comments.

Sincerely,  
Shelby, Medina & Stargel, LLP

By: 

Daniel Medina, LL.M.

DM/emh  
Enclosures (as stated)

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

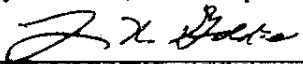
*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Thomas K. Goldie, Inc.
2. The principal office address: 6212 Pine Lane  
Lakeland, FL 33813
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/2/1997 Document number: P97000101605
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
Daniel Medina, P.A.  
464 West Pipkin Road  
Lakeland, FL 33813
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
DANIEL MEDINA, P.A.  
902 South Florida Avenue, Suite 101  
(P O Box NOT acceptable)  
Lakeland, FL 33803

**FILED**  
**05 APR 18 AM 10:28**  
**SECRETARY OF STATE**  
**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.

  
(Signature of an officer or director)

Thomas K. Goldie, President  
(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.*

  
(Signature of Registered Agent)

4/12/05  
(Date)

If signing on behalf of an entity:

Daniel Medina, President  
(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