## P98000052535

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## **COVER LETTER**

Division of Corporations					
Sawyer & Latimer PA					
SUBJECT: Sawyer & Latimer, P.A. (Name of Corporation)					
DOCUMENT NUMBER: P98000052535					
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:					
reactive and correspondence consorting this matter to the	ionowing.				
Thomas R Sawyer II					
(Name of Contact Person)					
Sawyer & Latimer, P.A.  (Firm/Company)					
(Firm/Company	)				
4 400 Food Ookland Bady Blad - Ookland					
1400 East Oakland Park Blvd., Suite 10 (Address)	02				
(					
Fort Lauderdale, Fl 33334					
(City/State and Zip C	Code)				
For further information concerning this matter, please call:					
Thomas R Sawyer II at (	OE4 . 401 7922				
(Name of Contact Person) at (	954 491-7233 Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of	f State.				
<u>Mailing Address:</u> 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				
	Tallahassee, FL 32301				

TO:

Amendment Section

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of $\underline{Flo}$ registered agent, or both, in the State of Flor	rida	_
1. The name of t	the corporation: Sawyer & Latimer,	P.A.		
2. The principal	office address: 1400 East Oakland	Park Blvd, Suite 102, Ft. Lauderdale, Fl 3333	4	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 6/4/98	Document number: P98000052	535	
	street address of the current register trnent of State:	ered agent and registered office on file with the	he	
	Thomas R. Sawyer II			
	6550 North Federal Hwy., S	Suite 330		
	Fort Lauderdale, FI 33308		7.	
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered office	ALL AHA	
	Thomas R. Sawyer II		ARY SSE	<u>း</u>
	1400 East Oakland Park Blv	,	E FE	
	(P.O. Box NOT acc Fort Lauderdale, FI 33334	ceptable)	STATE LORID	-
as changed will	ess of its registered office and the be identical.	street address of the business office of its re	egistered ag	
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an of een notified in writing of the change.	ficer so	
Signati	yer of an officer or director)	Thomas R. Sawyer II, President (Printed or typed name and title	)	
I hereby accept I further agree of my duties, an document is ber corporation has	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a chang s been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and compl he obligation of my position as registered a e in the registered office address, I hereby o hange.	ete perform gent. Or, ij confirm thai	ance f this t the
Thom 18y 8-13-07		8-13-07		
	gnature of Registered Agent)	(Date)		-
(	Typed or Printed Name)			

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