P98000098194

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SECRETARY OF STATE
ANASSEF, FLORIDA

T. Rebens JUL 18 2007

COVER LETTER

TO: Amendment Section Division of Corpor	n ations	
SUBJECT: Mary Kelly,	P.A. Name of Cor	poration)
DOCUMENT NUMBER:	P98000098194	
		
The enclosed Statement of	Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspond	dence concerning this matter t	o the following:
Nama A	Ohman Fan	•
Neal A	. Sivyer, Esq. (Name of Cont	act Person)
	(*	,
Sivver	Barlow & Watson, P.A.	
<u> </u>	(Firm/Con	npany)
401 Eas	st Jackson Street, Suite 2	225
	(Addre	SS)
Tampa,	FL 33602	6. 4.1
	(City/State and	•
For further information cor	ncerning this matter, please ca	11:
Neal A. Sivyer, Esq.		at (813) 221-4242
	ontact Person)	at (813) 221-4242 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check	made payable to the Departm	nent of State.
Ai Di P.	ailing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive 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 Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: MARY KELLY, P.A.
2. The principal	office address: 4925 NEW PROVIDENCE TAMPA FL 33629
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 11/20/1998 Document number: P98000098194
	street address of the current registered agent and registered office on file with the tment of State:
	SIVYER, NEAL A
	220 SOUTH FRANKLIN STREET
	TAMPA, FL. 33602
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	SIVYER, NEAL A
	401 E. JACKSON STREET SUITE 2225 (P.O. Box NOT acceptable)
	TAMPA, FL. 33602
	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	MARY KELLY (Printed of typed name and tiffe)
I hereby accept I further agree to of my duties, and document is bein corporation has	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 complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(Sig	nature of Registered Agent) 5/14/07 (Date)
If signing on bel	half of an entity:
. (T	yped 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)