Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002953353)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number: 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: eaebel@slk-law.com

REGISTERED AGENT CHANGE WHITAKER, WEINTRAUB & GRIZZARD, M.DS., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



H11000295335 3

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floric nange is submitted for a corporation organized under the laws of the State of ter to change its registered office or registered agent, or both, in the State of	y Florida	
1. The name of	the corporation: Whitaker, Weintraub & Grizzard, M.DS.	, P.A.	
2. The principa	d office address: 4108 Henderson Blvd., Tampa, Florida 33629)	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 01/15/1999 Document number:	P99000004758	
	nd street address of the current registered agent and registered office on file artment of State: (If resigned, enter resigned)	with the	
	Barbara R. Pankau	<u> </u>	•
	c/o Shumaker,Loop & Kendrick, LLP 101 E. Kennedy Blyd., Suite 2800		
	Tempa, Florida 33602		
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered	CALAHASSALA	į.
	Erin Smith Aebel, Esq.	- PA	r
	c/o Shumaker,Loop & Kendrick, LLP		
	101 E. Kennedy Blvd., Suite 2800 P.O. Box NOT acceptable	_	S. Carlo
	Tampa, Florida 33602		
The sucet addr	ress of its registered office and the street address of the business office o	fits registered agent,	
_	was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been uptified in writing of the change.		
goe ?	Joe S. Whitek er Printed or typed name an	mp/President	
	I the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cand I am familiar with and accept the obligation of my position as registering filed merely to reflect a change in the registered office address, I he is been notified in writing of this change.		
جيد ع	Inth calvel 12-16-20 grature of Registered Agent Date		
f signing on be	ehalf of an entity:	·	
7	Typed or Printed Name		
•	* * * FILING FEE: \$35.00 * * *		
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE		
	REAR CITED IN CONVENIE TO PRODUCE TO BURGE TO SECURITION OF STATE		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)