P90006984

(Re	questor's Name)				
V	,				
(Ad	dress)				
(//u	uicssj				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies Certificates of Status					
	PT-11- PT-11-				
Special Instructions to	Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
SALLAHASSEE FLORID

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COVER LETTER

Division of Corporations
SUBJECT: Steven Pesso, P.A. Name of Corporation
DOCUMENT NUMBER: P9900006984
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:
Steven Pesso Name of Contact Person
Steven Pesso, P.A.
Suite E-302
Steven Pesso, P.A. Firm/Company Sanctuary Center Sute E-302 Address 4800 N. Federal Hwy. Parca Ratm, Fr. 33431 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Pesso at (501) 395-4046 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

statement of chai	provisions of sections 6 age is submitted for a c to change its registere	corporation organize	ed under the law	rs of the State of	Florido	2_	
			-	•			
2. The principal	ne corporation:	tuary centr	er, Suite	E-302	- T-	22	
		N. realia	1 MWG	Boca Ratn	2, PL	00	<u>75</u> 1
3. The mailing ac	Idress (if different):	Sup	Ne				
4. Date of incorp	oration/qualification: _	01/19/199	9 Document n	umber: <u>P990</u>	00006	984	
5. The name and	street address of the cument of State: (If resig	ırrent registered age	nt and registered				
	5	teven Pe.	580				
	350	Cumino E	ardons	Blud. #107	TAL	<u></u>	
	Boc	a Raton,	Fr 37	432	CREI		
6. The name and (if changed):	street address of the ne	ew registered agent (SHCVQN 1	Δ -	/or registered office	ASSEE, FL	-9 PH 12	FILEO
		Suite E	-302	<u> </u>	PRIE PRIE PRIE PRIE PRIE PRIE PRIE PRIE	23	
		P.O Box NOT a		11 4			
		BACA PAR	rederal	MUJ.			
The street address as changed will	ss of its registered office identical.	ice and the street ad	dress of the bu	siness office of its r	egistered ag	ent,	
Such change was authorized by the	s authorized by resolu e board, or the corpora	tion duly adopted bation has been notif	y its board of c	irectors or by an of f the change.	ficer so		
Signature	of officer or director	<i></i>	St.	CV UN PUS	80 Di	100	tor
I harahy accord	he appointment as reso to comply with the provi I am familiar with are g filed merely to refle been notified in writin	gistered agent and ovisions of all statute nd accept the obliga ct a change in the i ng of this change.	garaa to aat in	his capacity, e proper and compl tion as registered a e address, I hereby o	ete perform igent. Or, if confirm that		
<i>\(\)</i>				05/03	///		
	iture of Registered Agent			Date			
If signing on beh	4						
	ped or Printed Name						

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