

P99000057214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

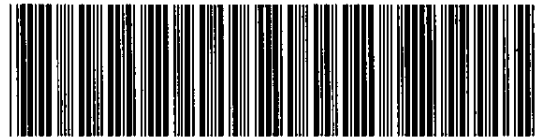
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DIVISION OF CORPORATIONS  
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@ 10/10/08

8/17/03 sent

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Robert WEBSTER, PA.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000057214

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:

Robert K. Webster III  
(Name of Contact Person)

Robert WEBSTER, PA.  
(Firm/Company)

433 44TH STREET  
(Address)

WEST PALM BEACH, FL 33407  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Webster at 561 573-4774  
(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



RECEIVED

08 OCT 10 AM 8:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2008

ROBERT R. WEBSTER  
433 44TH STREET  
WEST PALM BEACH, FL 33407

SUBJECT: ROBERT WEBSTER, P.A.  
Ref. Number: P99000057214

We have received your document for ROBERT WEBSTER, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 208A00051458

*Original  
enclosed  
copy*

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROBERT WEBSTER, P.A.
2. The principal office address: 5105D. NORTH OCEAN BLVD.  
OCEAN RIDGE, FL 33435
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: JUNE 24, 1999 Document number: P990000 57214
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WILLIAM R. WEBSTER  
5105D. N. OCEAN BLVD.  
OCEAN RIDGE, FL 33435

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WILLIAM R. WEBSTER III  
433 49TH STREET  
(P.O. Box NOT acceptable)  
WEST PALM BEACH, FL 33401

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]  
(Signature of an officer or director)

WILLIAM R. WEBSTER III PRES.  
(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]  
(Signature of Registered Agent)

9/13/08  
(Date)

If signing on behalf of an entity:

[Signature]  
(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  
CR2E045 (8/05)

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DIVISION OF CORPORATIONS  
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