## 79000087779

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	sin <b>ess</b> Entity Nar	ne)
(Do	cument Number)	
Certified Coptes	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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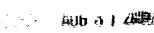
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## **COVER LETTER**

Division of Corporations			
SUBJECT: MICHAEL A. GANEY P.A. (Name of Corporation)			
DOCUMENT NUMBER: P99000087799			
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:			
i lease totall all correspondence concerning and matter to the tonowing.			
NICHAEL A . GANE 7 (Name of Contact Person)			
(Name of Contact Person)			
MICHAEL A. GANEY, P.A. (Firm/Company)			
6085 KLARE DRIVE (Address)			
<u>KEYSTONE HEIGHTS</u> FZ. 32656 (City/State and Zip Code)			
For further information concerning this matter, please call:			
MICHAEL A. GANEY at (339) 825-5454 (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

TO:

Amendment Section

## 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, Flastatement of change is submitted for a corporation organized under the laws of the Sta	
in order to change its registered office or registered agent, or both, in the Sta	
1. The name of the corporation: MICHAEL A. GANEY, P.A.	
2. The principal office address: 3680 3 <sup>N</sup> AVE NW	
MAPLES, Fr. 34120	
3. The mailing address (if different):	
. / /aa	2004
4. Date of incorporation/qualification: /b///99 Document number:	17700008 1794
5. The name and street address of the current registered agent and registered office on Florida Department of State:	file with the
MICHAEL A. GANEY	
3680 3RD AYE NW	
MAPLES, Fr. 34120	<del></del>
6. The name and street address of the new registered agent (if changed) and /or register (if changed):	EB -
6085 KLARE DRIVE	超馬二
KEYSTULE HEIGHTS, FZ. 320 (P.O. Box NOT acceptable)	SSE SEE
(P.O. Box NOT acceptable)	— EFES
	ORAT
The street address of its registered office and the street address of the business office as changed will be identical.	e of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board, or the corporation has been notified in writing of the change	by an officer so ge.
	SANEY - PRESIDENT
(Signature of an officer of director)  I hereby accept the appointment as registered agent and agree to act in this capacit	·
I hereby accept the appointment as registered agent and agree to act in this capaci. I further agree to comply with the provisions of all statutes relative to the proper at of my duties, and I am familiar with and accept the obligation of my position as reg document is being filed merely to reflect a change in the registered office address, a corporation has been notified in writing of this change.	id complete performance sistered agent. Or, if this hereby confirm that the
Thirtald Garage 8-28-0	06
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

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

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