## 593824

(Re	equestor's Name)		
(Ac	ldress)		
·	ldress)		
(Ci	ty/State/Zip/Phone	* #)	
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SCCRETARY OF STATE
ALL AHASSEE, FLORIDA

7/17/03

## 1

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

change is submi	provisions of sections 607.0502, 617.0502, 60 itted for a corporation organized under the law gistered office or registered agent, or both, in t	ws of the State of Florida	s statement of in order
1. The name of	the corporation: BROWN CLARK DEMAY 8	FROMAN, P.A.	
2. The principal	office address: 1819 Main Street, S	Suite 1100, Sarasota, Florida	34236
3. The mailing a	address (if different):		=
4. Date of incorp	poration/qualification: 11/13/91	Document number: S93824	
	i street address of the current registered agent street of State:	and registered office on file with the	
	William G. Christopher		
	1819 Main Street, Suite 500	;- 	
	Sarasota, Florida 34236		D3 NOV
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Daniel J. DeMay	entra de la companya	- ES 5
	1819 Main Street Suite 1100 (P.O. Box or personal mailbox	x NOT acceptable)	RIDA
	Sarasota, Florida 34236		-
The street addre	ess of its registered office and the street addresses identical.	ess of the business office of its registered	l agent, as
``	s authorized by resolution duly adopted by i		
I DM	I. Dram Pres.	Daryl J. Brown	
I hereby accept I further agree to duties, and to being filed mere been notified in	ignature of an exticer or director)  the appointment as registered agent and age to comply with the provisions of all statutes of familiar with and accept the obligation of n by to reflect a change in the registered office writing of this change.  (Signature of Registered Agent)  half of an entity:	(Printed or typed name and utle) ree to act in this capacity, relative to the proper and complete perfo ny position as registered agent. Or, if the e address, I hereby confirm that the corpo  October 31 2003 (Date)	
Daniel	J. DeMay	Secretary/Treasurer	
<del></del>	(Typed or Printed Name)	(Capacity)	

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