V01179

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COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: Taylor & Carls, P.A. (Name of Corpor	ation)				
DOCU	UMENT NUMBER: V01179					
The en	closed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
Robert L. Taylor, Esq. (Name of Contact Person)						
Taylor & Carls, P.A. (Firm/Company)						
150 N. Westmonte Drive (Address)						
Altamonte Springs, FL 32714 (City/State and Zip Code)						
For further information concerning this matter, please call:						
	Robert L. Taylor, Esq. at (Name of Contact Person)	(407) 660-1040 (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 change is s	submitted for a corporation organ	$22,607.1508$, or 617.1508 , Florida Sized under the laws of the State of \overline{F} ered agent, or both, in the State of Fl	lorida
1. The name of the corp	oration: Taylor & Carls, P.A		
2. The principal office a	iddress: <u>850 Concourse Par</u>	kway, S, Suite 105	
Maitland, FL 327	751		
3. The mailing address ((if different):		·
4. Date of incorporation	/qualification: <u>12/16/1991</u>	Document number: V01179	
5. The name and street a Florida Department o	address of the current registered a f State: (If resigned, enter resigne	gent and registered office on file with	1 the
Bonni	ie J. Hart		
850 C	Concourse Parkway, S, Su	ite 105	78 6
<u>Maitla</u>	and, FL 32751		O9 JAN 2
6. The name and street a (if changed):	address of the new registered ager	nt (if changed) and /or registered offic	SSE 6
<u>Bonn</u>	ie J. Hart		
<u>150 N</u>	N. Westmonte Drive)	: 05
Altam	nonte Springs, FL 32714		market or a
The street address of its as changed will be iden	s registered office and the street ntical.	address of the business office of its	
Such change was authorized by the board	orized by resolution duly adopted, or the corporation has been no	d by its board of directors or by an outfield in writing of the change.	officer so
(Signature of an o	fficer or director)	Robert (Printed or typed name and ti	Aylor Dirt So
I hereby accept the app I further agree to comp of my duties, and I am document is being filed corporation has been n	pointment as registered agent an oly with the provisions of all stat familiar with and accept the obl I merely to reflect a change in th notified in writing of this change	nd agree to act in this capacity, utes relative to the proper and com ligation of my position as registered to registered office address, I hereb	plete performance l agent. Or, if this y confirm that the
Bonne (Signature of	Registered Agent)	1/22/09 (Date)	
If signing on behalf of	an entity:		•
Bonnie J.	Hart Printed Name)		

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