V46405

(Daniectore Name) SULLIVAN & COMPANY, P. A. Certified Public Accountants 3637 Fourth Street North Suite 300 St. Petersburg, FL 33704-1336 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status __ Special Instructions to Filing Officer: Office Use Only



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SECRETARY OF STATE NI SECRETARY OF STATE NI STORY OF CORPORATION:

RA-Change 3/3/06

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

statement of char	nge is submitted fo	or a corporation	ı organized under	r the laws of the S	Florida Statutes, th tate of FLORI		
in order	to change its reg	istered office or	registered agent	, or both, in the Si	tate of Florida.		
1. The name of th	ne corporation:	SULLIV	AN + COM	PANY, P.A	•		
2. The principal of	office address:				VORTH; SU	ITTE .	300
		ST. PE	TERSBURG,	FL 337	04		
3. The mailing ac	ddress (if differen	t):					····
4. Date of incorp	oration/qualificat	ion: 6/26	/42 Doc	ument number:	V46405	-	
5. The name and Florida Depart		the current regis	stered agent and re	egistered office or	n file with the		
		RESIGNE	D 12/19/	05			
6. The name and (if changed):	street address of	the new register	ed agent (if chang	ged) and /or regist	ered office	06 F	SECI
	K	EVIN M	SULLIVAN	V		FEB 2	DE SE
,				ET NORTH	 -	23 -	0 Y
		(P.O. Box NOT a	cceptable)	- 1 JVOR JA		P	RP S 유유
		T. PETE	asburb, F	12 33704		2: 45	ATE ATE
The street addres as changed will l	ss of its registere be identical.	d office and the	e street address o	f the business off	fice of its register	ed agent,	SNO
_					or by an officer songe.		
We rie 1		rporution has t					-
` `	e of an officer or direct			(Printed or typed		STOEN.	
I hereby accept i I further agree to of my duties, and document is bein corporation has	the appointment of comply with the different of the lam familiar with the filed merely to been notified in	as registered as e provisions of ith and accept e reflect a chang writing of this o	gent and agree to all statutes relati the obligation of ge in the register change.	o act in this capa ive to the proper my position as re ed office address	city and complete per egistered agent. , I hereby confirn	formance Or, if this n that the	>
Keri	M Sul	2	J	2/2/	dal		
(Sign	nature of Registered Ag	gent)	-	(Date			
If signing on beh	nalf of an entity:						
(T <u>)</u>	yped or Printed Name)		-				

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