

V69353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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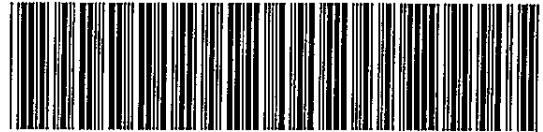
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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7/7/03  
RO changed  
sf

LAW OFFICES

*Louisa Smith Adam, P.A.*

2001 BOMAR ROAD, SUITE 4  
NORTH PALM BEACH, FLORIDA 33408 *closed*

TRIAL PRACTICE  
PERSONAL INJURY & WRONGFUL DEATH  
FAMILY LAW

TELEPHONE: 1-561-694-1020  
FACSIMILE: 1-561-694-7699

June 27 2003

TO: AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Fla. 32314

RE: Closing of Corporate  
Office & Filing  
New address for all  
further mailings

Dear Personnel:

Enclosed is fee check for 35<sup>00</sup>  
and information to change the R.A. &  
Corporate Addresses. Please advise  
& Concur.

Thank You

*Louisa Smith Adam*

Total pgs (5) + ck

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LOUISA SMITH ADAM P.A.  
(Name of corporation)

**DOCUMENT NUMBER:** V69353

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:

LOUISA SMITH ADAM  
(Name of person)

LOUISA SMITH ADAM P.A.  
(Name of firm/company)

11317 East Teach Rd  
(Address)

Palm Beach Gardens Fla. 33410-3437  
(City/state and zip code)

For further information concerning this matter, please call:

LOUISA SMITH ADAM at (561) 691-0306  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

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

- 1. The name of the corporation: Louisa Smith Adam P.A.
- 2. The <sup>current + NEW</sup> principal office address: 11317 EAST TEACH ROAD  
Palm Beach Gardens, FL 33410-3437
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/1/92 Document number: V69353

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Louisa Smith Adam  
2001 Bonap. Rd #4  
North Palm Beach, FL 33408

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SECRETARY OF STATE

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

Louisa Smith Adam (not changed)  
11317 East Teach Road  
(P.O. Box or personal mailbox NOT acceptable)  
Palm Beach Gardens, FL 33410. 3437

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] President/owner Louisa Smith Adam  
(Signature of an officer, chairman or vice chairman of the board) (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] June 26 2003  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
[Signature] President/owner  
(Typed or Printed Name) (Capacity)

for Lsapa

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314