

City/State/Zip

Phone #

500004518125-----10/01/01--01060--001 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		<u> </u>
(Corporation Name)	(Document #)	OI OCT -
(Corporation Name)	(Document #)	FILED T-1 PM 3: TARY OF ST HASSEE, FL
(Corporation Name)	(Document #)	50 ORIDA
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait		Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALI	<u>FICATION</u>
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

CR2E031(7/97)

**Examiner's Initials** 

T BROWN OCT - 5 2001

Charter No.	r No. <u>V71909</u>	
Date Filed _	9-1-01	

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1.	The name of the corporation is: STEVEN DEWITT HOLMES, P. A.
2.	The name and address of its present registered agent is:  STEVEN HOLMES  1505 S.E. 4014 SV. STE B
3.	The name and street address to which its registered agent is to be changed is:  (P.O. BOX NOT ACCEPTABLE)  Toseph J. Pernardo P.A.
	1601 Jackson St. Seit 104
	Ft. Myers, F1. 33901
4.	The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5.	Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.
	STEVEN HOLMES PRES Signature (President or Vice President)
	Date 9-1-01
AE AC TH AN OE	WING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE FOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY CEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURDER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER ID COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE SLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA ATUTES.
Ple	ase Print/Type Name JOSEPH J. BERNARDO

FILING FEE \$35

Signature \_

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