W174129

(Requestor's Name)					
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	: MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
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i.					

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PS FITTON MAKE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EUGENE E. SHUEY, P.A. (Name of Corporation)
DOCUMENT NUMBER: V-74129
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:
(Name of Contact Person)
(Firm/Company)
3468 S.W. 72ml WAY (Address)
GAINESVILLE, FL 32608
(City/State and Zip,Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (352) 333 - 6908 (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 chan	rovisions of sections 607.0502, (ge is submitted for a corporatio to change its registered office o	n organized under the la	ws of the State of <u>FLC</u>	DRIDA
	ne corporation: EUGET		•	
2. The principal o	office address: 3468 S.	W. 12mg WAY	+ GAINESVILLI	E, PL 32608
3. The mailing ad	ldress (if different):			
4. Date of incorpo	oration/qualification:	3-92 Document	number: <u>V-7412</u>	9
5. The name and s Florida Departs	street address of the current regiment of State:	stered agent and register	ed office on file with the	
-	EUGENE E.	SHUEY		
	603 VILLAGE	BLVD., # 3	02	
-	W. PALM B	EACH, FL 3	3409	2001
6. The name and (if changed):	street address of the new registe	ered agent (if changed) ar	nd /or registered office	2001 MAY -7
	EUGENE E. 3468 S.W. 7	SHUEY 2 M WAY acceptable)		1 AH 10: 56
	•	acceptable) -E, FL 3260		56
The street address as changed will l	ss of its registered office and the identical.	ne street address of the b	ousiness office of its regi	istered agent,
	s authorized by resolution duly e board, or the corporation has	adopted by its board of been notified in writing	f directors or by an offic g of the change.	er so
(Signatur	re of an officer or director)	(P	F. SHUEY, Printed or typed name and title)	
I hereby accept t I further agree to of my duties, and document is bein corporation has	the appointment as registered of comply with the provisions of all am familiar with and accepting filed merely to reflect a charbeen notified in writing of this	agent and agree to act it fall statutes relative to t the obligation of my pe nge in the registered off change.	n this capacity. the proper and complete osition as registered age ice address, I hereby co	eperformance ont. Or, if this onfirm that the
	nature of Registered Agent)	_ Man	4, 2007	
If signing on beh		,	(Date)	
(T)	yped or Printed Name)			
	* * * FIL	ING FEE: \$35.00 * *	*	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)