## **COVER LETTER**

**SUBJECT:** Name of Corporation DOCUMENT NUMBER:\_\_\_\_ 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 Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_ at (\_\_\_\_\_)
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

•	•	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of
in order to change	its registered office or reg	istered agent, or both, in the State of Florida.
1. The name of the corporat	ion:	
2. The principal office address	ess:	
3. The mailing address (if d	ifferent):	
4. Date of incorporation/qua	alification:	Document number:
	ress of the current registere ate: (If resigned, enter resig	d agent and registered office on file with the gned)
6. The name and street addr (if changed):		gent (if changed) and /or registered office
	P.O. Box N	NOT acceptable
The street address of its reg as changed will be identical	gistered office and the stre	eet address of the business office of its registered agent,
Such change was authorize authorized by the board, or	d by resolution duly adopt the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Signature of an officer	or director	Printed or typed name and title
I hereby accept the appoint I further agree to comply we performance of my duties, agent. Or, if this document hereby confirm that the confirmation is the confirmation of the confirmatio	tment as registered agent with the provisions of all st with the provisions of all st and I am familiar with and t is being filed merely to r poration has been notified	and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered eflect a change in the registered office address, I d in writing of this change.
Signature of Regist	ered Agent	Date
If signing on behalf of an e	ntity:	
Typed or Printed	Name	

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