

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: BUSINESS FILINGS Account Name

Account Number: 105256001620

(608)827-5300

Fax Number -

: (608)827~5501

REGISTERED AGENT CHANGE

E. AND F. AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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9/8/2009

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

this statement e	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes of change is submitted for a corporation organized under the laws of the State of
Michigan of Florida.	in order to change its registered office or registered agent, or both, in the State
	the corporation: E. and F. Agency, Inc.
	office address: 28833 Telegraph, Southfield, MI 48034
3. The mailing	address (if different):
4. Date of inco	rporation/qualification: 6/20/1972 Document number: 828160 🕏 💆
	rporation/qualification: 6/20/1972 Document number: 828160 Document number: 82
	HOEMKE, DON
	7766 PINE TRACE DR
	7766 PINE TRACE DR SARASOTA FL 34243 US
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered offied (if Business Filings Incorporated
	1203 Governors Square Blvd, Suite 101
	(P.O. Box or personal mailbox NOT acceptable)
	Tallahassee, FL 32301-2960
The street add agent, as chan	ress of its registered office and the street address of the business office of its registered ged will be identical.
Such change vauthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	Elma M. Fretter, President (Printed or typed name and title)
I hereby accept further agree performance or registered age office gddress.	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as Int. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.
Mu	(Signature of Registered Agent) (Date)
If signing on bch Mark Williams	
IAICH AAHINGHUR	(Typed or Printed Name) (Capacity)
	* * * 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

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