## Ixquester's Name Address City/State/Zip Phone # Office Use Only

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

1. (Corporation Name)  2. (Corporation Name)  3. (Corporation Name)	(Document #)  (Document #)  (Document #)  (Document #)  (Document #)
4(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Certified Copy  Photocopy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 

## 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, the undersigned corporation organized under the laws of the State of Florida (submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida,

320 Highway 41 South Inverness, FL 34450  dress of its registered office and the street addressal.  was authorized by resolution duly adopted by its are of an officer, chairman or vice chairman of the board)  ey C. Olsen, President and to accept sere oppointment as registered agent and to accept sere oppointment as registered agent and agree to all statutes relative to the proper and completingation of my position as registered agent.  (Signature of Registered Agent)  behalf of an entity:	s of the business office of its reboard of directors or by an of  J  sice of process for the above act in this capacity. I further the performance of my duties	egistered agent, as changed,  ficer so authorized the board.  uly 28, 2000  (Date)  stated corporation. I hereby the agree to comply with the
iress of its registered office and the street addressal.  was authorized by resolution duly adopted by its are of an officer, chairman or vice chairman of the board)  ev C. Olsen, President end or typed name and title)  named as registered agent and to accept sere appointment as registered agent and agree to all statutes relative to the proper and compelligation of my position as registered agent.  (Signature of Registered Agent)	s of the business office of its re board of directors or by an of  J  vice of process for the above act in this capacity. I furthete performance of my duties	egistered agent, as changed,  ficer so authorized the board.  uly 28, 2000  (Date)  stated corporation. I hereby with the and I am familiar with and
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ing address of the comoration is: P.O. Box 10	300 Crystal River EL 34423	
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1)	nd address of the current registered agent and or James W. Carman  2600 W. Black Diamond Circle  Lecanto, FL 34461  nd address of the new registered agent and office Clark A. Stillwell  Brannen, Stillwell & Perrin, P.A.	nd address of the current registered agent and office:    James W. Carman   2600 W. Black Diamond Circle   Lecanto, FL 34461     Indian address of the new registered agent and office: (P.O. Box Not Acceptable)

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