## MFLE D. D. BOX 34 P. D. BOX 34 P. D. BOX 34 P. D. BOX 34 P. D. Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

## NEW FILINGS AMENDMENTS Amendment Resignation of R.A., Officer/Direct Change of Registered Agent Dissolution/Withdrawal Other Amendment Resignation of R.A., Officer/Direct Dissolution/Withdrawal Merger

OTHER FILINGS

REGISTRATION/QUALIFICATION

Foreign

☐ Annual Report
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

2 40,000 36

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 FLO21DA
submits the following statement in order to change its registered office or registered agent, or both, in
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1. The name of the corporation is: WEST FLORIDA LADY EMERALDS INC
2. The mailing address of the corporation is: PO BOX 34 MARY ESTHER, FC 32569
3. Date of incorporation/qualification: 20 MAR 00 Document number: 100 A000 16561
4. The name and address of the current registered agent and office:
DAUID M MILLER
149 BRYN MAWR BLUD
MARY ESTHER FI 22519
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
HRHURR Scott
430 Bristol Cove
Mary Esther, Fl 32569
The street address of its registered office and the street address of the business office of #s registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by and fine so
miotta H (tot)
(Signature of an officer, chairman or vice chairman of the board)  (Date)
1) ONICHA G Scott VICE PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
(Signature of Registered Agent)  (Signature of Registered Agent)
It signing on behalf of an entity:  ARHUR R SCOTT
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

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