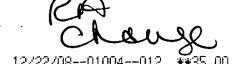
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## **COVER LETTER**

Amendment Section Division of Corporations TO:

**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:

For further information concerning this matter, please call:

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 FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, statement of change is submitted for a corporation organized under the laws of the in order to change its registered office or registered agent, or both, in the St 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different) 2 - 2002 Document number: \(\frac{1}{2}\) 4. Date of incorporation/qualification: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): (P.O. Box NOT acceptable) The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Signature of an officer or director) 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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the comparation has been notified in writing of this change.

alkfjsal<u>dkfj</u>

(Signature of Registered Agent)

(Typed or Printed Name)

If signing on behalf of an entity:

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