

P060000084339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

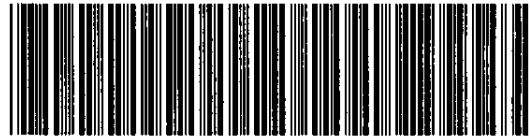
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600242903426

RA address
Change

12/21/12--01008--024 **35.00

FILED
2012 DEC 21 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/27/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMPACT ENCLOSURES INC.
Name of Corporation

DOCUMENT NUMBER: PO6000084339

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:

RYAN HAMMERS
Name of Contact Person

IMPACT ENCLOSURES INC.
Firm/Company

139 SOLANO LAY CIRCLE
Address

PONTE VIEDRA BEACH FL 32082
City/State and Zip Code

HAMMERS.IMPACT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN HAMMERS at (904) 210-9800
Name of Contact Person Area Code & Daytime Telephone Number

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 AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: IMPACT ENCLOSURES INC.
- 2. The principal office address: 139 SOLANO CAY CIRCLE
PONTE VEDRA BEACH FL 32082
- 3. The mailing address (if different): SAME AS ABOVE
- 4. Date of incorporation/qualification: 6/21/2006 Document number: P06000084339
- 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)

Ryan Hammers
1242 NANTUCKET AVE
ATLANTIC BEACH, FL 32233

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ryan Hammers
139 SOLANO CAY CIRCLE
P.O. Box NOT acceptable
PONTE VEDRA BEACH, FL 32082

CORRECT
OF
ADDRESS →

FILED
2012 DEC 21 PM 3:42
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

Ryan Hammers / Vice President
Printed or typed name and title

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 corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

12/18/12
Date

If signing on behalf of an entity:

RYAN HAMMERS
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314