## P06000153903

(Re	questor's Name)	
(Add	dress)	
(Ade	dress)	·
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	,
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200096456052

04/13/07--01040--007 \*\*35.00

RAR Chy



T. FICE COME APR 1 7 2007

## COVER LETTER -

TO: Amendment Section Division of Corporations
SUBJECT: National Transfu ho.  (Name of Corporation)
DOCUMENT NUMBER: POUDOL53903
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:
Charles A Decker (Name of Contact Person)
Nationus de Transfer luc.
P D BDX 263 (Address)
Brandon of 33509 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (813) 4/3-7887 (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

-	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	ge is submitted for a corporation organized under the laws of the State of
in order t	o change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	corporation: Mationwick Transfer Inc
2. The principal of	fice address: 2036 Ed quath falls D.
	Brandon, fl 33511
3. The mailing add	Iress (if different): PD BOX 243
	Brandon F1 33509
4. Date of incorpor	ration/qualification: 71/07 Document number: P06000153903
5. The name and si Florida Departm	treet address of the current registered agent and registered office on file with the
rionda Departii	Glonbel Cooper
_	2636 Edguater falls Dr
	263 le Edquater falls Br Brandon, H 33511
6. The name and st	treet address of the new registered agent (if changed) and /or registered office
(if changed):	
	Charles Decker 醫等
_	(el) Hickory Lake Dr
_	(P.O. Box NOT acceptable)
	Brandon, H 02511
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
akea	An Charles A Decker
	of an officer or director)  (Printed or typed name and title)
I hereby accept th I further agree to of my duties, and I document is being corporation has b	e appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this filed merely to reflect a change in the registered office address, I hereby confirm that the een notified in writing of this change.
CA	4/0/07
(Signal	ture of Registered Agent) (Date)
If signing on beha	If of an entity:
(Турс	ed 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