## PD7000019355

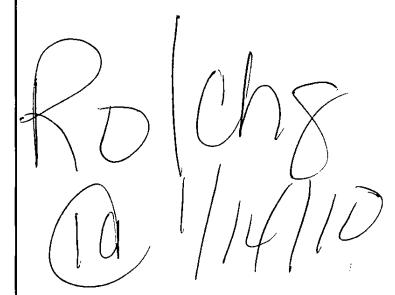
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SECRETARY OF SIANDA TALLAHASSEE, FLORIDA



## **COVER LETTER**

Division	of Corporations		•	
SUBJECT:		StormWatch	n, Inc.	
		Name of Co	rporation	,
DOCUMENT N	UMBER:	P070	00019355	
The enclosed Stat	tement of Change of	Registered Office	Agent and fee are	submitted for filing.
Please return all c	correspondence conc	erning this matter	to the following:	
		Meridith A	Anzulis	· <del></del>
		Name of Con	act Person	
		StormWat	ch, Inc.	
		Firm/Cor	npany	
		PO Box	47931	
		Addre		
		Jacksonville.	FL 32247	
		City/State and	FL 32247 I Zip Code	<del></del>
	ma	anzulis@stormv	vatchinfo.com	
	E-mail address: (	to be used for fur	ture annual report	notification)
For further inform	nation concerning thi	s matter, please ca	11:	
	Meridith Anzulis		at ( 561 )	324-8840 Daytime Telephone Number
Na	nme of Contact Perso	on	Area Code &	Daytime Telephone Number
Enclosed is a \$35.	.00 check made paya	ble to the Departm	nent of State.	
	Mailing Addr Amendment Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Division Clifton B 2661 Exe	ent Section of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: StormWatch Inc.	
	office address: 254 Talleyrand Ave, Jacksonville, FL 32202	
3. The mailing ac	address (if different): PO Box 47931, Jacksonville, FL 32247	
4. Date of incorp	poration/qualification: 07/09/1999 Document number: P07000019355	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Michael Murray	
	127 Seagrape Drive, #201	
!	Jupiter, FL 33458	F.O.
6. The name and (if changed):	Michael Murray (address change only)  254 Talleyrand Avenue P.O. Box NOT acceptable  Jacksonville, FL 32202	ALL'AHASSET
	Michael Murray (address change only)	ָר רוי
	254 Talleyrand Avenue	َ د
	P.O. Box NOT acceptable  Jacksonville, FL 32202	5
The street addre	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
- // Signatur	Michael Murray, President  Printed or typed name and title	
I hereby accept I further agree to of my duties fan document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this if gifed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	<u>.</u>
	January 11, 2010	
	chalure of Registered Agent Date  chalf of an entity:	
	Typed or Printed Name	

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