

PD8000049702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP : WAIT MAIL

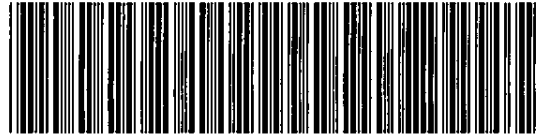
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DENCO ENDEAVORS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000049702

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:

Mary Macumber
(Name of Contact Person)

DENCO ENDEAVORS, INC.
(Firm/Company)

2659 E. Gulf to Lake Hwy PMB509
(Address)

Inverness, Florida 34453
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Macumber at (239) 273-9732
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2008

MARY MACUMBER
2659 E. GULF TO LAKE HWY
INVERNESS, FL 34453

SUBJECT: DENCO ENDEAVORS, INC.
Ref. Number: P08000049702

We have received your document for DENCO ENDEAVORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 308A00052863



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2008

MARY MACUMBER
2659 E. GULF TO LAKE HWY
PMB 509
INVERNESS, FL 34453

SUBJECT: DENCO ENDEAVORS, INC.
Ref. Number: P08000049702

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Carol Mustain
Regulatory Specialist II

Letter Number: 308A00052863

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DENCO EVDEAVORS, INC.
2. The principal office address: 5220 W Disney Lane Dunnellon, FL 34433
3. The mailing address (if different): 2659 E Gulf to Lake Hwy PMB509
Inverness, FL 34453
4. Date of incorporation/qualification: May 18, 2008 Document number: P08000049702
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)

Mary Macumber
2450 W Tall Oaks Drive
Beverly Hills, FL 34465

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

"address change only"
5220 W Disney Lane
(P.O. Box NOT acceptable)
Dunnellon, FL 34433

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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.

Mary Macumber (Signature of an officer or director) Mary Macumber (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.

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

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