## H9700083514

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

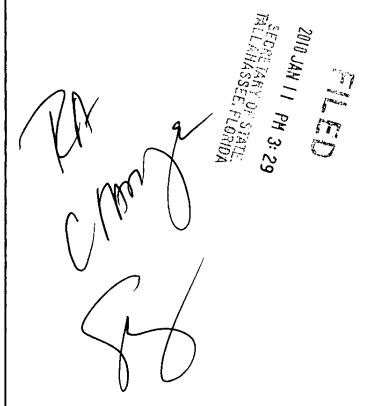
Office Use Only

12/0



200164970812

01/11/10--01014--029 \*\*35.00



## **COVER LETTER**

TO:

CR2E045 (8/05)

Amendment Section

Division of Corporations						
SUBJECT: BOECKER UTILITIES FOR LIFE, INC.  Name of Corporation						
DOCUMENT NUM	BER: P97	000083514	_			
The enclosed Stateme	ent of Change of Registered Offic	e/Agent and fee are submitted fo	r filing.			
Please return all correspondence concerning this matter to the following:						
_	PATRICIA	STAEBLER	<u></u>			
	Name of Co	ontact Person				
_	Firm/C	ompany	<del>_</del>			
random trett.	409 PETREL TRAIL					
_	Add	lress	<del></del>			
		Tall 18 18 18 18 18 18 18 18 18 18 18 18 18	)" 50,7 % % %			
	BRADENTON,	FL 34212-2998	_			
	City/State at	nd Zip Code				
<del></del> -	juergen.boecke	er@gmail.com_				
E	-mail address: (to be used for t	future annual report notification	n)			
For further information	on concerning this matter, please	call:				
PATF	RICIA STAEBLER	at ( 941 ) 7	05-0123			
	of Contact Person	at ( <u>941</u> ) 7 Area Code & Daytime Te	lephone Number			
The late of the control of the contr						
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address:	Street Address:				
	Amendment Section Division of Corporations	Amendment Section Division of Corpora	tions			
	P.O. Box 6327	Clifton Building ~				
	Tallahassee, FL 32314	2661 Executive Cen Tallahassee, FL 323				
		•	U1			
	رون . ما چ <del>مس</del> مستاندانیا استانات	CITY IN				

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

statement of cha	ange is submitted for a c	orporation organize	607.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	nte of FLORIDA
1. The name of	the corporation: BOE	CKER UTILIT	IES FOR LIFE, IN	<u>C</u> .
2. The principal	office address: 409 F	Petrel Trail, Brac	lenton, FL 34212-299	98
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: _	09/26/1997	Document number:	P97000083514
	d street address of the cu rtment of State: (If resign		nt and registered office on	file with the
	Dr. Juergen Boeck	ker		<del> </del>
	4515 Blue Marlin [	Orive		
	Bradenton, FL 342	208		
6. The name and (if changed):	d street address of the ne	w registered agent (i	if changed) and /or register	2010 JAN   SECRETAR ALLAHASS
	Patricia Staebler			SSE ARY
	409 Petrel Trail		· · · · · · · · · · · · · · · · · · ·	
	Bradenton, FL 342	P.O. Box NOT ac	ceptable	\$2
The street addreas changed will			dress of the business offic	ee of its registered agent,
Such change wa authorized by th	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or led in writing of the chang	by an officer so
jirger	re of an officer or director		DR. JUERGEN	BOECKER BOECKER
I hereby accept Durther agree of my duties, an document is bei cornoration has	the appointment as reg to comply with the prov of I am familiar with an ing filed merely to reflec been notfiled in whitin	istered agent and a isions of all statute d accept the obligate a change in the reg of this change.	gree to act in this capacits relative to the proper at tion of my position as regestistered office address, I	ty. nd complete performance vistered agent. Or, if this thereby confirm that the
<b>\</b>	nature of Registered Agent		Date	
١ ،	half of an entity:	1		
PATR,C	A SINES	LER		

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