P990040198

(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

2/20/2



200143763522

02/19/09--01007--023 **35.00

A CONTRACTOR OF THE PARTY OF TH

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations				
23.33.33.23.23.23.23.23.23.23.23.23.23.2				
SUBJECT: Pure Possibilities (Name of Corporation)	on)			
DOCUMENT NUMBER: <u>P99000040198</u>				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the f	ollowing:			
Andrew T Taylo	or II			
(Name of Contact Per	rson)			
Pure Possibili (Firm/Company)	ties			
(i in company)				
12344 Neeld S	iteet			
(Address)				
Weeki Wachee, FL 34614				
(City/State and Zip C	ode)			
For further information concerning this matter, please call:				
Andrew Taylor at (352 \ 398-2878			
(Name of Contact Person)	352) 398-2878 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of	State.			
Mailing Address	Street Address:			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	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 Statestatement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring in order to change its registered office or registered agent.	orida	his 	_
1. The name of the corporation: Pure Possibilities TMC.			···
2. The principal office address: 12344 Neeld Street. Weeki Wachee, FL 34614			
3. The mailing address (if different):			
4. Date of incorporation/qualification: <u>04/29/1999</u> Document number: <u>P9900004</u>	40198	3	
5. The name and street address of the current registered agent and registered office on file with t Florida Department of State: (If resigned, enter resigned)	the		
Warren T Lafray, P.A.			
615 Turner Street	d Co	20	
Clearwater, FL 33756		2009 FEB	7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	IARY O	19	
Andrew T Taylor II	FST	<u>ည</u> ဟွ	O
12344 Neeld Street (P.O. Box NOT acceptable)	RIOA	្តិ	
Weeki Wachee, FL 34614			
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egister	ed ager	at,
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	ficer s	0	
(Signature of an officer or director) Andrew T Taylor II. Ch: (Printed or typed name and title)	aima	מו	_
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	ete per igent. confirm	rforman Or, if ti n that t	ıce his he
(Signature of Refistered Agent) 02/16/2009 (Date)			_
If signing on behalf of an entity:			
(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 CR2E045 (8/05)