(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

10 28-09



700162124697

10/26/09--01018--005 \*\*35.00

## **COVER LETTER**

TO: Amendmen Division of	t Section	en in general en eksterne gelekter i krister en	5 ( ) 1 (5 (MEN))		
SHDIECT.	H.B.	Walker Inc			
SUBJECT:	Na	ame of Corporation			
		•			
DOCUMENT NUM	//BER:	S45028			
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:					
	,	-			
	ı	lnez B. Walker			
Inez B. Walker Name of Contact Person					
•		Firm/Company			
	28	395 Mercy Drive			
Address					
	Orlar	ndo, Florida 32808			
-	City	ndo, Florida 32808 /State and Zip Code			
E-mail address: (to be used for future annual report notification)					
For further informat	ion concerning this matter,	please call:			
1	nez B. Walker	at ( <u>407</u> ) Area Code & Daytim	765-9223		
Nam	e of Contact Person	Area Code & Daytim	e Telephone Number		
Enclosed is a \$35.00	check made payable to the	e Department of State.			
	Mailing Address:	Street Address:			
	Mailing Address: Amendment Section	<u>Street Address:</u> Amendment Sec	tion		
	Division of Company	tions Division of Com	nanationa		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 inge is submitted for a corporation organized or to change its registered office or registered	d under the laws of the State of Fl	orida
1. The name of	the corporation: H.B. Walker, Inc.		
	office address: 2895 Mercy Drive, Orla	ando, Florida 32808	
3. The mailing a	address (if different):		<u>.</u>
4. Date of incorp	poration/qualification: 04/15/1991	Document number:	S45028
	d street address of the current registered agen tment of State: (If resigned, enter resigned)	t and registered office on file with	the
	DeLoach-Bryant, Carla		200 TAL
	1206 East Ridgewood Street		2009 OCT SECRET
	Orlando, Florida 32803		26 TARY ASSI
6. The name and (if changed):	I street address of the new registered agent (i	f changed) and /or registered office	PH 10: 49
	Inez B. Walker		<b>6 1 1 1 1 1 1 1 1 1 1</b>
	2895 Mercy Drive		
	P O. Box NOT acc Orlando, Florida 32808	reptable	
The street addreas changed will	ess of its registered office and the street add be identical.	dress of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by ne board, or the corporation has been notifi-	tits board of directors or by an oled in writing of the change.	fficer so
Signatur	egit an officer of director	Inez B. Walker	· · · · · · · · · · · · · · · · · · ·
•	the appointment as registered agent and a to comply with the provisions of all statutes of I am familiar with and accept the obligating filed merely to reflect a change in the reflect notified in writing of this change.	* *	lete performance agent. Or, if this confirm that the
Ine	B. Walker	10/01/09	
U	nature of Registered Agent	Date	
- •	half of an entity:		
Inez. E	3. Walker yped or Printed Name		

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

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