P04000143365

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
. PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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TO VISION OF CORPORATIONS

11 JAN 25 AM 9: 06

R-A-Charge C.COULLIETTE

JAN 28 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: DEV-BIZ, INC.	
(Name of Co	orporation)
DOCUMENT NUMBER: P04000143365	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Post-Formation Filings	
(Name of Cor	ntact Person)
My Corporation Business Servi	
(Firm/Co	mpany)
22596 Calabanas Bood, Suita 1	03
23586 Calabasas Road, Suite 1 (Addr	
•	•
Calabasas, CA 91302	
(City/State an	d Zip Code)
For further information concerning this matter, please c	all:
Post-Formation Filings	at (877 ()) 692-6771
(Name of Contact Person)	at (877) 692-6771 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departs	ment of State.
·	G
<u>Mailing Address:</u> 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
	1 ananassee, 1 L 32301

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

statement of ch	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	the corporation: DEV-BIZ, INC.	
	l office address: 23133 Vashon Hwy SW Vashon, WA 98070	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 10/18/2004 Document number: P04000143365	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	Company Agent Inc.	
	80 SW 8th Street Suite 2100	
	Miami, FL 33130	- <u>-</u> -
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	11 JAN 25 AM 9: 0
	NRAI Services, Inc.	₹ \$
	2731 Executive Park Drive., Suite 4	9: 06
	(P.O. Box NOT acceptable)	6
	Weston, Florida 33331	,c
The street address changed will	ess of its registered office and the street address of the business office of its registered be identical.)	agent,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(Signal	Thomas H. Buscaglia, President (Printed or typed name and title)	
. / -	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 perfornd I am familiar with and accept the obligation of my position as registered agent. Or ing filed merely to reflect a change in the registered office address, I hereby confirm the been notified in writing of this change.	mance if this hat the
- // (8i	grafure of Registered Agent) (Date)	
If signing on be	ehalf of an entity:	
	Record, Asst. Sec. Typed 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 * * *