416920

F & A ENTERPRISES P. O. BOX 905 MIDDLEBURG, FL 32050

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	(Document #)	
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	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
<u> </u>	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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OTHER FILINGS
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Fictitious Name
Name Reservation

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	Limited Partnership
	Reinstatement
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	Other

Examiner's Initials

De 9/9

Florida Department of State, Sandra B. Mortham, Secretary of State

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

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,
the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: FNENZ ENTERPNISES, INC.
2. The mailing address of the corporation is: P.O. Box 905, M. del Ebung
FL 32050-0905
3. Date of incorporation/qualification: 1/15/73 Document number: 416 92 9
4. The name and address of the current registered agent and office:
CT Coreporation System
1200 S. PINEISLAND Rd
Plantation, FL 3332900
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
GIZDRAIZ L FRENZ
4159 County Rd 218, suitz D
Middlebung, FL 32068
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.
(1) -2 7 Test 9/11/97
(Signature of an officer, chairman or vice chairman of the board) (Date)
GRORGR L FRENZ PRESIDENT 9/11/99
(Printed or typed name and title) (Date)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 ageist.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)