482347

(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:							
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SECRETARY OF STATE

R-A. Charge

@ Southette AUG 1 9 2001

BETH W. MILLER, P. A.

BETH WILLARD MILLER
COUNSELLOR AT LAW

645 VASSAR STREET ORLANDO, FLORIDA 32804

TELEPHONE (407) 246-8092 FAX (407) 246-8093

August 12, 2008

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

Re: Change of Registered Agent for Temple Grove, Inc.

Dear Sir/Madam:

Enclosed are for filing is a Statement of Change of Registered Agent. Also enclosed is a check for \$35 in payment of the filing fee.

If you have any questions, please contact me by phone at 407-246-8092. Any correspondence should be returned to this office. Thank you.

Sincerely yours,

Bety W Miller
Beth W. Miller

BWM/bwm

Enc.

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

statement of cha	nnge is submitted f		anized under th	e laws of the State of	Flor		
	-		_	r both, in the State of			
1. The name of t	the corporation:	Temple Grou	le Inc.				
2. The principal	office address:	145 Lincoln	Avenue		<u> </u>		
		Winter Parl	k FL 3	789			
3. The mailing a	ddress (if differen	t):	7.	- · · · · · · · · · · · · · · · · · · ·	<u>_</u> .		
4. Date of incorp	poration/qualificat	ion: 08/06/19	75 Docum	ent number: 483	2347		
	d street address of rtment of State:	the current registered	l agent and regi	stered office on file w	vi th the		
	Richar	d F. Trisme	<u> </u>		_		
	213 h	1. Comstock 1	trenue				
	Winte	- Park, FL	32789		_		
6. The name and (if changed):	d street address of	the new registered ag	gent (if changed	l) and /or registered o	ffice		
	Beth u	J. Miller			SE-	8	
	645 V	a SSar Street (P.O. Box NOT accepta	-		CRE	ÁUG	
					FAR ASS	8	Sames estate
	Orland	lo FL 3280	'{		— <u>`</u> mÖ` - <u>`</u> m≺	P	rr
The street address changed will	ess of its registere I be identical.	ed office and the stre	et address of the	ne business office of	ite legisi	tered a	18om
				d of directors or by a ting of the change.			
(Signati	ure of an officer or dire	(for)		President (Printed or typed name ar	nd title)		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment to comply with th and I am familiar w ing filed merely to s been notified in	as registered agent e provisions of all s vith and accept the c o reflect a change in writing of this chan	and agree to a tatutes relative obligation of m the registered ige.	ct in this capacity. to the proper and co y position as registe office address, I her	omplete j red agen reby conf	perfori it. Or, firm th	mance if this at the
	u w mile			8/12/08 (Date)	 		
`	ignature of Registered A chalf of an entity:	•		(Date)			
2-0							
	Typed or Printed Name)					

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