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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Devlin + Devlin INC. Name of Corporation		
DOCUMENT NUMBER: 567935		
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:		
Name of Contact Person		
Porling Devlin live.		
8228 Sandpine Circle		
City/State and Zip Code ) F 34952		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (772) 343-1023  Aréa Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations 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 Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Forda
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:
2. The principal office address: 8228 Sandpine Circle
Port St. Lucie Fl 34952-2615
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/c /78 Document number: 567935
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
D. I. ) Albert J. (Decisased)
Devlin, Jr. Albert J. Decasas
8228 Sandpine Circles &
Part 5t Lucie Fl 34052-2615
TEG 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(II changed).
Devlin Veanne M
822 8 Sandone Circle
P.O. Box NOT acceptable
8228 Sandpine Circle P.O. Box NOT acceptable Roth 5t. Lucie Fl 34952-2615  The street address of its registered office and the street address of the business office of its registered agent,
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, or the corporation has been notified in writing of the change.
Signature of an officer or director  Signature of an officer or director  Signature of an officer or director  Printed or typed name and title
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 agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Jean New M. Deulin
If signing on behalf of an entity:
Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)

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