648 725

ر (Re	equestor's Name)				
_					
·Mr. s	am O'Neil	ig .			
PO B	ox 17208	•			
Chattanooga, TN 37415					
		_			
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
	151				
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer				
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SECRETARY OF STATE



COVER LETTER

Amendment Section Division of Corporations

SUBJECT:		SUBJECT: INDIAN INVESTMENTS INCORPORATED					
	Name of C	Corporation					
DOCUMENT NUM	1BER:	648725					
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:							
SAM O'NEIL, PRESIDENT Name of Contact Person							
	Name of Co	ntact Person					
INDIAN INVESTMENTS INCORPORATED							
-		ompany					
		, ,					
	3315 MAR	TIN ROAD					
-	Add	ress					
_	CHATTANOO	GA, TN 37415 nd Zip Code					
_	City/State a	nd Zip Code					
	SAM.ONEIL@	GMAIL.COM					
E-mail address: (to be used for future annual report notification)							
For further informat	ion concerning this matter, please	call:					
SAM C)'NEIL, PRESIDENT	at (423) 285-8726					
	e of Contact Person	at (423) 285-8726 Area Code & Daytime Telephone Num	ber				
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address:	Street Address:					
	Amendment Section	Amendment Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

Tallahassee, FL 32314



September 22, 2010

SAM O'NEUIL INDIAN INVESTMENTS INCORPORATED 3315 MARTIN ROAD CHATTANOOGA, TN 37415

SUBJECT: INDIAN INVESTMENTS INCORPORATED

Ref. Number: 648725

We have received your document for INDIAN INVESTMENTS INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 010A00022576



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

Fursuant to the	provisions of sections 607.0502, 617.05	102, 607.1508, or 617.1508, Florida S	tatutes, this	
	ange is submitted for a corporation orga			
in ord	er to change its registered office or regis	stered agent, or both, in the State of Fi	lorida.	
	the corporation: INDIAN INVEST		D	
2. The principal	office address: 3315 MARTIN ROA	AD		
CHATTAI	NOOGA, TN 37115			
3. The mailing	address (if different): P.O. BOX 1720	08		
CHATT	ANOOGA, TN 37415-8208		· -	
4. Date of incom	poration/qualification:	Document number:	648725	
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)				
	SAM O'NEIL, PRESIDENT		. Eu =	
	2950 COMMERCE PARK DRI	∇ E #10	NO.	
	BOYNTON BEACH, FL 33426		FILE 112	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	SAM O'NEIL, PRESIDENT	7		
	-3315 MARTIN ROAD	7312 NO 107	Drive	
	P.O. BOX N	OT acceptable	3307/	
The street addr as changed wil	ress of its registered office and the stree I be identical.	et address of the business office of its	s registered agent,	
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.				
Signati	ure of an officer or director)	SAM O'NEIL , PRES	SIDENT	
of my duties, at document is be	t the appointment as registered agent a to comply with the provisions of all sta nd I am familiar with and accept the ol ing filed merely to reflect a change in i s been notified in writing of this chang	atutes relative to the proper and com bligation of my position as registered the registered office address, I hereb	plete performance I agent. Or, if this by confirm that the	
Sor	gnature of Registered Agent	SEPT 16,2010)	
If signing on b	ehalf 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

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