

654983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02 DEC 15 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
T. Lewis 12/30/02

Incredible Movers, Inc.
2497 NW 83 Way
Coral Springs, Fl. 33065
954-722-9499

December 10, 2002

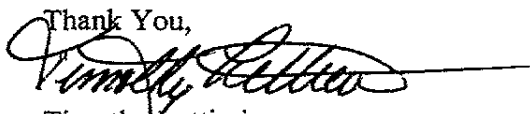
Florida Department of Corporations.
Ref. Document Number 654 983

Please change operating address/mailing address to:

Incredible Movers, Inc
2497 NW 83 Way
Coral Springs, Fl. 33065

The previous Address was:
8620 NW 32 Street
Coral Springs, Fl. 33065

Thank You,



Timothy Lettieri
President/Owner

P.S. Can I please have a current annual certificate.

**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
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: Incredible Movers Inc.
2. The principal office address: 2497 NW 83 WAY
CORAL SPRINGS FLORIDA 33065
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 2-6-80 Document number: 654983
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

ROCKSTEIN MERRILL A
2404 NE 9 ST.
FT. LAUD. FL - 33304

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

TIMOTHY LETTIERI
2497 NW 83 WAY
(P.O. Box or personal mailbox NOT acceptable)
CORAL SPRINGS, FL. 33065

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Timothy Lettieri
(Signature of an officer, chairman or vice chairman of the board)

Timothy Lettieri President/owner
(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.

Timothy Lettieri
(Signature of Registered Agent)

12-10-02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314