## 109404

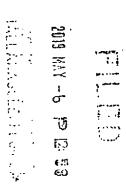
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

TO: Amendment Secti Division of Corpo	on rations						
SUBJECT:	FARDEN CILIA Name of Co	3 OF ST Au	igustine				
DOCUMENT NUMBER	:7091	104					
The enclosed Statement of	Change of Registered Office	Agent and fee are subm	itted for filing.				
Please return all correspor	idence concerning this matter	to the following:					
	TRUDI E	d-en Field tact Person					
Firm/Company							
	50 wavderin	ug woods w	AY				
	PONTE Vedra	Brock Fl	32082-0618				
E-mai	Fripoliera @ l address: (to be used for fu	GMGIL, COM ture annual report notif	fication)				
For further information co	ncorning this matter, please c	all:					
Trudi &d Name of C	evereld ontact Person	at ( <u>904</u> ) <u>68</u> Area Code & Dayti	6 - 7320 me Telephone Number				
Enclosed is a \$35.00 check	cmade payable to the Departi	ment of State.					
Ā D P.	ailing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address Amendment Son Division of Con Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng re Center Circle				

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

statement of char	provisions of sections ( nge is submitted for a r to change its register	corporation organiz	ed under the lav	vs of the State	of Florida
					Augustice, Inc
					HUYSTNE, INT
					5477
3. The mailing ac	ddress (if different):				
4. Date of incorp	ooration/qualification:	1965	Document r	number:	709404
	street address of the c tment of State: (If resi			d office on file	with the
	Crai	9 Raynus	٤		
	132 F	Paloma F	P+		
	st. A	reloma P	FZ 32	084-80	- 23 39 0
6. The name and (if changed):	street address of the n	rudi Eden	oficial d	i /or registered	To The second se
-	50	Wanderin P.O. Box NOT acc	eplable	WAY	
-	Ponto	Vedra Be	FL 32	084-06	18
The street addres as changed will b	ss of its registered off be identical.	ice and the street ad	dress of the bus	siness office o	f its registered agent,
Such change was authorized by the	s authorized by resolu e board, or the corpor	ation duly adopted by ation has been notifi	v its board of di ied in writing o	rectors or by a the change.	an officer so
Crang F	Agner- e of all officer or director	<del></del>	Crisia Ru	Gay, UUR Tet typed name and	Traisure/
I herchy accept t I further agree to performance of n agent. Or, if this herchy confirm to	the appointment as re o comply with the pro my duties, and I am fa s document is being fi hat the corporation h	gistered agent and a visions of all statute imiliar with and acci- led merely to reflect as been notified in w	igree to act in to s relative to the ept the obligation a change in the writing of this cl	his capacity. e proper and c on of my posit e registered of hange.	omplete ion as registered fice address, l
- Jung Signa	Length attree of Registered Agent	Y/d	4/6	30/201	9
If signing on beh	ialf of an entity:				
Trudy 1	Eden Fredd ped or Primed Name	<u> </u>			

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