## 752035

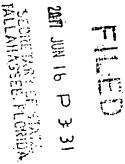
(Requestor's Name)
(Address)
(101000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000300322130

06/16/17--01009--015 \*+65.00



JUN 2 1 2017 T. LEMMEUX Mis

## **COVER LETTER**

Division of Corporations						
SUBJECT: Woodhouse, hoe Name of Co	rporation					
DOCUMENT NUMBER: 752035						
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:					
SUBJECT:						
Division of Corporations  SUBJECT: Name of Corporation  DOCUMENT NUMBER: 752035  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:						
1001 NC 3rd Auc Addre	ess					
Prompone Brach City/State and	TL 33040 IZip Code					
E-mail address: (to be used for fur	ture annual report notification)					
For further information concerning this matter, please ca	all:					
Name of Contact Person	at (45+) 786 · 0344 x 126 Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Departn	ment of State.					
Amendment Section	Amendment Section					

Tallahassee, FL 32301

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

Pursuant to the prov statement of change	is submitted)	for a corpo	ration o	rganizea	l under	the law.	s of the	State of	Flo	ada
1. The name of the c	change its reg			Ü				•		
2. The principal office		Pomp								
3. The mailing addre										
4. Date of incorporat	ion/qualificat	ion: <u>0</u> 4	112	<u>1980</u>	_ Docu	ıment nı	ımber: _	<u> </u>	<u>203</u>	5.5
5. The name and stre Florida Departmen					and re	gistered	office o	on file w	vith the	
i fortua Departinei		_		-						
	<u></u>	<u>e 5190</u>	se cl	-					-	
		<b></b>							_	
						•			-	
<ol> <li>The name and stre- (if changed):</li> </ol>				_	_				fice	
	400	ا جرري	Can				!	رر منتز 13 منتز 10 منا		tal
<del></del>	<u> </u>	,-	-					<del>&gt; :</del>		THE COLUMN
	<u>400</u>	N. h	<u>ڪياو ۽ ن</u> 1 P.O. Box	NOT accep	1917	vay-	<del></del> -	00.00 00.00	<u>-</u>	Ę.
	Pain	175 C 4 17 4 17	1200	, L.	Γ.	<b>ጓ</b> ፯ሌ	Cal		70	
										San
The street address of is changed will be id	its registered lentical.	office an	d the stre	eet addre	ess of t	he busir	iess off	ice of it	s registe	ered agent,
Such change was aut outhorized by the boa	horized by re ard, or the co	solution d	uly adop nas been	ted by i	ts board in wri	d of dire	ectors of the char	r by an	officer :	so
Lell'					Ran	Jul 3	Rish	d O	CE	0
=	officer or directo								le	
hereby accept the a further agree to cor performance of my d gent. Or, if this doc tereby confirm that t	ppointment a nply with the uties, and I a ument is beil he corporation	s registere provision m familiar ng filed me on has bee	ed agent s of all s with an erely to r n notifie	and agr tatutes r d accept eflect a d in wri	ee to a elative the ob change ting of	ct in thi to the p ligation in the l this cha	s capac proper of of my pregister inge.	ity. Ind com position ed offic	iplete i as regi e addre	istered ss, I
732111	1/1/				5	12 <sub> </sub>	1/-1			
Signature of	of Registered Agei	nt				<u>/ '/</u>	Date			
f signing on behalf o	f an entity:									
Fonnie	()-,17									
Typed or	Printed Name									

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