## F01000005132

(Requestor's Name)							
(Address)							
(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



500207372145

05/18/11--01015--005 \*\*35.00

FILED

2011 JUN 13 PM 3: 22

SECRETARY OF STATE
AND SECRETARY OF STATE

R.A.

1Brown 6-13-11

## **COVER LETTER**

TO: Amendment Section Division of Corporations											
SUBJ	ECT:	Stroud, Pence & Ass	·								
DOC	UMENT NU	MBER:									
The e	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.										
Please	return all co	orrespondence concerning this matter to	the following:								
		Angie Almond									
Name of Contact Person											
Stroud, Pence & Associates, Ltd.											
Firm/Company											
5032 Rouse Drive, Suite 200											
		Addres	s								
Virginia Beach, VA 23462 City/State and Zip Code											
		•	•								
	_	angie.almond@strou E-mail address: (to be used for futu									
	2-man address: (to be used for future annual report notification)										
For fu	rther informa	ation concerning this matter, please call	:								
Ang	ie Almor	nd	at 757-671-8626								
	Nar	ne of Contact Person	Area Code & Daytime Telephone Number								
Enclos	sed is a \$35.0	00 check made payable to the Departme	ent of State.								
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301								

TO:



May 25, 2011

ANGIE ALMOND STROUD, PENCE & ASSOCIATES, LTD. 5032 ROUSE DR STE 200 VIRGINIA BEACH, VA 23462

SUBJECT: STROUD, PENCE & ASSOCIATES, LTD., INC.

Ref. Number: F01000005132

We have received your document for STROUD, PENCE & ASSOCIATES, LTD., INC. 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 registered agent must sign accepting the designation.

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) 245-6925.

Letter Number: 311A00013021

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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

statement of char	nge is submitte	ections 607.0502, 6 ed for a corporation registered office of	n organized i	ınder the laws	of the State o	f Virgin	nia	<del></del>	
	_	Stroud, Pen		-					
		5032 Rouse D			<del>_</del> /				
		Virginia Beach					· · · · · · · · · · · · · · · · · · ·		
3. The mailing ac	ddress (if diffe	rent): Same							
4. Date of incorp	oration/qualif	ication: 10/1/	2001	Document nu	mber: FO	1000	0051	132	
		of the current regis (If resigned, enter		and registered	office on file	with the			
	CT Corpor	ation System							
	1200 Sout	n Pine Island R	oad				ĪΑς	201	
	Plantation,	FL 33324			<del>,</del>		ECRE	2011 JUN 13	-
6. The name and (if changed):	street address	of the new register	red agent (if o	changed) and /	or registered	office	TARY O		- آ
	InCorp Ser	vices, Inc.				<del></del>	FST	PH 3s	Ę
	17888 67th	Court North	<b>9</b> 110#	A 11			TATE ORIDA	22	
	Loxahatch	ee, FL 33470	. Box NOT accep	Mable			٠		
The street address changed will	ss of its regist be identical.	tered office and the	e street addr	ess of the busi	ness office o	f its regi	istered as	gent,	
Such change wa authorized hv th	s authorized to board, or the	by resolution duly e corporation has l	adopted by i	ts board of di I in writing of	rectors or by the change.	an offic	er so		
V Johnson	e of an other dead	Poster	<u> </u>		avid W. My	•			
I hereby accept if further agree to of my duties, and document is held corporation yas	the appointme o comply with d I am familia ng filed merel been notified	ent as registered a a the provisions of ar with and accept y to reflect a chan in writing of this	gent <b>and</b> ago all statutes i the obligation ge <b>in</b> the reg change.	ree to act in the relative to the on of my posit istered office	nis capacity, proper and c ion as registe address, I he	complete ered <b>age</b> ereby cor	eperform nt. Or, i nfirm tha	iance if this it the	
A	aver			5-	12-201	N.			
Sign	nature of Registere	d Agent			Date				
If signing on bel	•	-							
		of InCorp Services	s, Inc. —						
1 9	ped or Printed Nar	mc			•				

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 \* \* \*