F05000001853

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

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJE	ECT: Change of Address (Name of Corpo	ration)			
DOCU	MENT NUMBER: F 05000001853				
The end	closed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please r	return all correspondence concerning this matter to the	ne following:			
	Debra A. Reynolds				
	(Name of Contact	Person)			
	Day III Ve to the				
Reynolds Ventures Inc. (Firm/Company)					
	3165 Bobcat Village Center Road				
	(Address)				
	North Port, FL 34288				
E 6 4	(City/State and Zi	p Code)			
For Turt	ther information concerning this matter, please call:				
Debra /	A Reynolds at	(941) 423-7777			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclose	ed is a \$35,00 check made payable to the Department	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			

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or hange is submitted for a corporation organized under the l der to change its registered office or registered agent, or bo	aws of the State of _	OHIO	this ———	
	f the corporation: Reynolds Ventures inc.				
2. The principal	al office address: 3165 Bobcat Village Center Road Florida 34288		.,		
3. The mailing a	address (if different): same				
4. Date of incor	rporation/qualification: 03/23/2005 Document	t number: F050000	01853		
	nd street address of the current registered agent and register artment of State:	red office on file wit	th the		
	Debra A Reynolds		_		
	6117 Elliott Street		_	 	w
	Punta Gorda, FL 33950		- A	0	••
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				- AON 80	
	Debra A. Reynolds		RY 0 SEE.	-3 A	
	3165 Bobcat Village Center Road (P.O. Box NOT acceptable)		F STAI FLOR	AH 9:	Ö
	North Port, FL 34288		7018 7114	56	
The street addre	ress of its registered office and the street address of the b	ousiness office of its	s registe	red ag	ent,
	vas authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing				
leny	Debra A. Re	eynolds rinted or typed name and to	itle\ -		
I hereby accept	t the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to to all am familiar with and accept the obligation of my poing filed merely to reflect a change in the registered offins been notified in writing of this change.	n this canacity		rform Or, ij m that	ance f this ! the
Clebrer	Ignature of Registered Agent) 8/2/08	(Date)			-
	ehalf of an entity:	·			
Reynous	S Vantures Inc. 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 * * *