F0500005111

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
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SEDNETARY OF STATEA

Mark Charles

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJE	ECT: FANZ ENTERPRISES, INC. (Name of Corp.)	poration)		
DOCUMENT NUMBER: F05000005114				
The end	closed Statement of Change of Registered Office/A	agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	NIKKI CLAYTON (Name of Conta	ct Person)		
COUNSELLOR AT LAW (Firm/Company)				
4993 HUBNER CIRCLE (Address)				
	SARASOTA, FLORIDA 34241 (City/State and 2)	Zip Code)		
For further information concerning this matter, please call:				
NIKKI	CLAYTON (Name of Contact Person)	at (407) 574-3803 (Area Code & Daytime Telephone Number)		
Enclose	ed is a \$35.00 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		

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

statement of cha	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State ofDELAWARE rgistered agent, or both, in the State of Florida.
1. The name of	the corporation: FANZ ENTERPRISE	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: AUGUST 30,	2005 Document number: F05000005114
	I street address of the current register trent of State:	ed agent and registered office on file with the
	NIKKI CLAYTON, COUNSEL	LOR AT LAW
	35048 SHADY OAKS LANE	APE
	FRUITLAND PARK, FLORID	A 34731
6. The name and street address of the new reg (if changed):		
	NIKKI CLAYTON, COUNSE	ELLOR AT LAW
	4993 HUBNER CIRCLE	
	(P.O. Box NOT accep SARASOTA, FLORIDA 342	
	SAINGOTA, I LONIDA 342	
The street address changed will	ess of its registered office and the sta be identical.	reet address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer so n notified in writing of the change.
(Signatu	ure at an officer or director)	TIMOTHY M. KERRIGAN, CHIEF FINANCIAL OFFICER (Printed or typed name and title)
I hereby accept I further agree to of my duties, and document is beil corporation has	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the nge.
Mile	Clar	MAY 17, 2007
(Sig	gnature of Registered Agent)	(Date)
If signing on be	half of an entity:	
	'yped 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 * * *