

F050000005842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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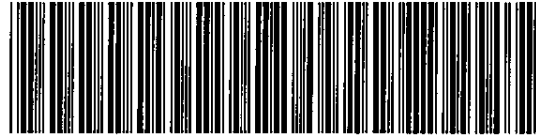
(Business Entity Name)

(Document Number)

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06 OCT 19 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Roberts OCT 20 2006*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAXX Vision Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F05000005842

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:

James K Walker  
(Name of Contact Person)

(Firm/Company)

3014 NE 21 Way  
(Address)

Gainesville FL 32607  
(City/State and Zip Code)

For further information concerning this matter, please call:

James K Walker at (352) 378-6620 x11  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed 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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
**06 OCT 19 AM 8:49**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, James K. Walker, hereby resign as Sec/Treas/Dir  
(Title)

of MAXX Vision Inc.  
(Name of Corporation)

F05000005842, a corporation organized under the laws of the State of  
(Document Number, if known)

DELAWARE

James K Walker  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314