## F05000005882

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
		· 
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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04/14/08--01047--018 \*\*35.00

2000 APR 14 AM 7:58

R.A. Change

TB 4-21-08

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
subject: Freund	Name of Corporation	on)				
DOCUMENT NUMBER:	F050000058	82				
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:						
	Varior Kara					
	(Name of Contact Per	son)				
FA	REUND-MAYER + ( (Firm/Company)	o ruc				
	(Firm/Company)					
80	S8 WILFREDO CO (Address)	URT				
	(Address)					
	<b></b>					
WAPLES FC・34114 (City/State and Zip Code)						
For further information concerning	this matter, please call:					
HOMIRA KAIDL	at (	239 ) 594-7254 Area Code & Daytime Telephone Number)				
(Name of Contact P	erson) (A	Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made page 1	ayable to the Department of	State.				
Mailing Ac	idress:	Street Address:				
Amendme	nt Section	Amendment Section				
Division o P.O. Box	of Corporations	Division of Corporations				
	ee, FL 32314	Clifton Building 2661 Executive Center Circle				
i ananasy		Tallahassee, FL 32301				

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

Pursuant to the provisions of secti statement of change is submitted for in order to change its reg	or a corporation of	rganized under the law	s of the State of	NewYork
1. The name of the corporation:	FREUN	D-MAYER +	CO INCOR	PORATED
2. The principal office address:		PANTE COURT		
	HOLBA	WOIL NY 117	741	
3. The mailing address (if differen	t):	BOX 575		
	, ,	SETAUKET	•	
4. Date of incorporation/qualificat	ion: 10/17/2	005 Document n	umber: <u>Fos</u>	-00 0005882
5. The name and street address of Florida Department of State:	the current register	ed agent and registered	office on file w	ith the
-	MEGAN	E. KELLUM	esq.	_
	5747 CM	STELL O DR.	· ·	_
	NAPLES	FL. 34103		- >
	the new registered  MONIKA KA  8058 WILFR  (P.O. Box NOT accept  NAPLES 7	EDO COURT		TALE TARY OF STATE
The street address of its registere as changed will be identical.	·		siness office of	its registered agent,
Such change was authorized by rauthorized by the board, or the co	esolution duly add	opted by its board of d	irectors or by a f the change.	n officer so
(Signature of an officer or direct				
I hereby accept the appointment I further agree to comply with th of my duties, and I am familiar w document is being filed merely to corporation has been notified in	e provisions of all	statutes relative to the	e proper and co	mplete performance ed agent. Or, if this eby confirm that the
Med Korl	e		4/8/08	
(Signature of Registered A	gent)		(Date)	
If signing on behalf of an entity:				
(Typed or Printed Name)				

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