Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

RECEIVED 18 APR 12 AM 7: 35

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

; (702) 866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

<u>ocuments@incorp.com</u>

REGISTERED AGENT CHANGE SCOTT D. PAITL, P.C.

BOOM DILITOR, INC.				
Certificate of Status	0			
Certified Copy	0			
Page Count	02			
Estimated Charge	\$35.00			

COVER LETTER

): Amendment Se Division of Con		
Division of Co.	potations	
JBJECT:	Scott D. Paul, P.c.	
	Name of Corporation	
OCUMENT NUMB	ER: F06000002491	
he enclosed Statemen	t of Change of Registered Office/Agent and fee are submitted for filing.	
ė.	pondence concerning this matter to the following:	
,	Keri Sandler	
^	Name of Contact Person	
•		
	InCorp Services, Inc.	
,	Fitm/Company	
	3773 Howard Hugnes Pkwy. Suite 500S	
	Address	•
	·	
· ,	Las Vegas, NV 89169-6014	
,	City/State and Zip Code	
•	den e	
	documents@incorp.com	
E-M	nail address: (to be used for future annual report notification)	
or further information	concerning this matter, please call:	
	annum munit home out.	
Keri Sandler on I	behalf of InCorp Services, Inc. at (800) 246-2677 ext. 6	024
Name of	f Contact Person Area Code & Daytime Telephone	
•		

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

CR2E045 (03/12)

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

			07.1508, or 617.1508, Flori			
			under the laws of the State agent, or both, in the State		-	
in order	to change its registere	ea ogsice or registered	Scott D. Paul, P.c.	oj riorida.		
1. The name of th						
2. The principal office address: 6 LONG RIDGE COURT, UNIONVILLE, CT 06085						
	•			<u>: </u>		
3. The mailing ad	dress (if different):		,			
		•				
4. Date of incorpo	oration/qualification:		_Document number:		491	
5. The name and		urrent registered agen	and registered office on fil			
	CORP	ORATE CREATIONS N	ETWORK INC.			
_	113	80 Prosperity Farms F	Road, #221E		2018 A	
_	P	alm Beach Gardens,	FL 33410	·	F 20	
6. The name and (if changed):	street address of the n	ew registered agent (i	f changed) and /or registere	d office	2 7	
_		InCorp Services,	Inc.			
		17888 67th Court	North			
_	*					
_		Loxahatchee, FL 3	3470			
The street address as changed will b	s of its registered offi e identical.	ice and the street add	ress of the business office	of its registered	l agent,	
Such change was authorized by the	authorized by resolut board, or the corpora	tion duly adopted by viion has been notifie	its board of directors or by d in writing of the change.	an officer so	÷	
✓ Sootta) aux	•	Scott D Paul, Pre			
	of an officer or director		Printed or typed name a	•		
nertornance of m	n dúitiés, and Fain fai	miliar with and acces	ree to act in this capacity, relative to the proper and It the obligation of my posi I change in the registered (iting of this change.	itimi ne rocieta	red I	
Keni	land		April 6, 201	8		
If signing on beha	of an entity:		Date			
Keri Sandler or	n behalf of InCorp Se ad or Printed Name	ervices, Inc.				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE |
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)