F0900001311

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Border States Sales Agency, Inc. (Name of Corpora	tion) +			
DOCUMENT NUMBER: F0900001311				
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:				
Jane E. Lamberson, CPA (Name of Contact Person)				
(Name of Contact Person)				
Swope Lamberson, PA (Firm/Company)				
	,			
8955 Fontana Del Sol Way				
(Address)				
Naples, FL 34109 (City/State and Zip Code)				
For further information concerning this matter, please call:				
the mane, prease can				
Jane E. Lamberson, CPA at (at (239) 262-0170 Area Code & Daytime Telephone Number)			
(Name of Condet Person)	Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or registe	zed under the laws of the State of Flo	rida
1. The name of	the corporation: Border States Sales	Agency, Inc.	
2. The principal	office address: 763 Glendevon Drive	e Naples, FL 34105	
•	nddress (if different): <u>8955 Fontana D</u> FL 34109	el Sol Way	
4. Date of incorp	poration/qualification: March 31, 200	<u> Document number: F090000</u>)1311
	d street address of the current registered agreement of State: (If resigned, enter resigned		he
	United Corporate Services, Inc.		
	9200 South Dadeland Blvd. #50	98	09 SE
	Miami, FL 33156		器
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office	FILED 09 APR 16 AM SECRETARY OF S TALLAHASSEE FI
	Jane E. Lamberson		OR C
	8955 Fontana Del Sol Way (P.O. Box NOT acceptable)		DA OS
	Naples, FL 34109		
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its re	egistered agent,
Such change was authorized by the	as/authorized/by/resolution duly adopted he/board, or the corporation has been no		
Steriou	ure of an officer or director)	TOHN WORDS W	DORTH_
, ,	the appointment as registered agent and to comply with the provisions of all statt ad I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.		
Jane	Ehamberson	4/13/09	
,	gnature of Registered Agent)	(Date)	•
If signing on be	chalf of an entity:		
(Typed or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	