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#### COVER-DETTER

TO: Amendment Section Division of Corporations
SUBJECT: ERVIN + ASSOCIATES Inc.
DOCUMENT NUMBER: See attacked
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:
JODIE ERVIN
Name of Contact Person
ERVIN & HOSDGIAtes Inc
Firm/Company
8423 Lenox Ave
Jack Spille Ft . 3200/
Remail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lodie ERVIN at 904, 382, 58,50  Name of Contact Person at Area Code & Daytime Telephone Number
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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2010

JODIE L. ERVIN ERVIN & ASSOCIATES, INC. 8423 LENOX AVE. JACKSONVILLE, FL 32221

SUBJECT: ERVIN & ASSOCIATES, INC.

Ref. Number: F09000003982

We have received your document for ERVIN & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 510A00016700

2010 JUL 19 AN 8: 00 SECRETARY OF STATE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2010

JODIE L. ERVIN ERVIN & ASSOCIATES, INC. 8423 LENOX AVE. JACKSONVILLE, FL 32221

SUBJECT: ERVIN & ASSOCIATES, INC.

Ref. Number: F09000003982

We have received your document for ERVIN & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

#### YOU HAVE GIVEN THE INCORRECT DATE OF INCORPORATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 610A00015864



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of <u>Veloutive</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ERVIN & ASSOCIATES, FRC
2. The principal office address: 5640 Ti Muguana Ste#4
3. The mailing address (if different):Same
4. Date of incorporation/qualification: 10/1/8009 Document number: F0900003982
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Composition Service Company
Talla hassee, PL. 32301-2525
\$ cg
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  5/040 That a control of the new registered agent (if changed) and /or registered office (if changed):
JACK SONVILLE FL. 30010
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed marely to reflect a change in the registered office address, it nereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity
- Cuit Color

\* \* \* 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 (8/05)