## F3223]

(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	·#)
PICK-UP	☐ WAIT	MAIL
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SECRETARY US STATE



## **COVER LETTER \***

TO: Amendment Section Division of Corporations

SUBJECT: 5PERB CORPORATION (Name of corporation)

DOCUMENT NUMBER: F3223/

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:

ROBERT MAKEPBACE
(Name of contact person)

SPERO CORPOR ATION (Firm/Company)

P. B. BOX 643
(Address)

ISLAMONADA FLORIDA 3303L
(City/state and zip code)

For further information concerning this matter, please call:

RABBRY 14 AME PEACE at (3-5) 852-9118
(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 409 E. Gaines Street Tallahassee, FL 32399

## 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 Florida.
1. The name of the corporation: 5PFR & CORPORATION
2. The principal office address: P. o. Box 643
ISLAMORADA PL- 33036
3. The mailing address (if different): Po-Box 643
ISLAMORANA PL. 33036
4. Date of incorporation/qualification: 4/34/8/ Document number: F3223/
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ROBERT MAMBREAUE
83311 OLD Huy
ISLAMONADA PL 33036
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ROBERT MANERBACK ST
87425 OLD HWY
USLAM ON ADA PL-3303C
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.
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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 merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Noted Museum of (Signature of Registered Agent) of (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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