

F93000005439

Requestor's Name	
Address	
City/State/Zip	Phone #

300002412443--7
-01/27/98--01007--001
****700.00 ****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
98 FEB 25 AM 9 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

Dee 2/25



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 30, 1998

JAMES R. PRATT
GRAHAM, CLARK, JONES, ET AL
P.O. DRAWER 1690
WINTER PARK, FL 32790

SUBJECT: 478386 ONTARIO LIMITED CORPORATION
Ref. Number: F93000005439

We have received your document for 478386 ONTARIO LIMITED CORPORATION 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.

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) 487-6908.

Teresa Brown
Corporate Specialist

Letter Number: 498A00005423

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: **478386 ONTARIO LIMITED CORPORATION**
2. The mailing address of the corporation is:
Suite 3020
225 South Westmonte Drive
Altamonte Springs, Florida 32714
3. Date of incorporation/qualification: 11/30/93 Document Number: F93000005439 (5)
4. The name and address of the current registered agent and office:
Joseph E. Whitaker
Suite 3020
225 South Westmonte Drive
Altamonte Springs, Florida 32714
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
James R. Pratt, Esquire
Graham, Clark, Jones, Builder, Pratt & Marks
369 North New York Avenue, 3rd Floor
Winter Park, Florida 32789

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.

(Signature of an officer, chairman, or vice chairman of the board)

2.6.98

(Date)

LAWRENCE LUBIN, ASSISTANT SECRETARY
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above-stated corporation, 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.

(Signature of Registered Agent)

2.7.98

(Date)

If signing on behalf of an entity:

(Printed or typed name)
LAWRENCE LUBIN

~~ASSISTANT SECRETARY~~
(Capacity)

FILED
98 FEB 25 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA