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F9400000	» «179«
(Requestor's Name) (Address)	
(Address)	500337891945
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	13,13 1301028028 <b>**</b> 97.00
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

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SUBJECT: CONCE	Name of Corporation
DOCUMENT NUMBER:	F9400004794

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:

Ellen R Walsh Name of Contact Person	
Name of Contact Person	
Concentrated Alor, Inc. Firm/Company	
20 W TOWER CITCLE	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Ellen R Walsh	at (386 ) 673-7.566 EX1103
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

CR2E045 (03/12)

## 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 -NeNOAOin order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>Concentrated Ave, JNC.</u>
2. The principal office address: 20 W TOWEN CINCLE
ormond Beach, FL 32174
3. The mailing address (if different): <u>Same as aboute</u>
4. Date of incorporation/qualification: <u>9115194</u> Document number: <u>F94CCCCC0479</u>
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)
Ellen R Walsh
123 N Orchard St #4A
Ormond Beach, FL 32174
6. The name and street address of the new registered agent (if changed) and /or registered office
Ellen R Walsh
20 W Tower Circle
P.O. Box NOT acceptable
Ormand Beach, FT Sally

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.

Ellen R Walsh S Printed or typed name and title Signature of an officer or director

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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.

Signature of Registered

If signing on behalf of an entity:

Typed or Printed Name

## \* \* \* 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)