

F97000006459

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

R.A. Chang

G. Coullotte JAN 21 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Telefyne Incorporated
(Name of corporation)

DOCUMENT NUMBER: F97000006459

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:

Christine Stevens
(Name of contact person)

Telefyne Incorporated
(Firm/Company)

4286 Woodbine Rd Suite B
(Address)

Pace, FL 32571
(City/state and zip code)

For further information concerning this matter, please call:

Christine Stevens at (850) 995-8807 ext. 201
(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

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

- Bobby Zarr**

4286 Woodbine Rd Suite B

Pace, FL 32571

- Christine Stevens**

4286 Woodbine Rd Suite B

(P.O. Box NOT acceptable)

Pace, FL 32571

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.

(Signature of an officer or director)

Jorge Bellas, President

(Printed or typed name and title)

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 Agent)

(Date)

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**