## G45759

(Requestor's Name)  (Address)  (Address)	500236031165
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	06/11/1201029028 **35.00
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	2012 JUN 1 1

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Goldfinger Reporting, Inc.

Name of Corporation

DOCUMENT NUMBER: 645759

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:

Nancy Atkins

Name of Contact Person

Goldfinger Reporting, Inc.

Firm/Company

P.O. Box 15735

Address

Plantation, FL 33318

City/State and Zip Code

goldfingerreporting@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Atkins

..305

987-0306

Name of Contact Person

Area Code & Daytime Telephone Numbe

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this angle is submitted for a corporation organized under the laws of the State of Florida are to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Goldfinger Reporting, Inc.	
2. The principal	office address: 560 NW 73 Avenue, Plantation, FL 33317	_
3. The mailing a	address (if different): P.O. Box 15735, Plantation, FL 33318	_
4. Date of incorp	poration/qualification: 6/20/83 Document number: 6 45759	_
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Nancy Atkins	
	12703 SW 94 Place	
	Miami, FL 33176 ₹ ≈	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	* ***
	Nancy Atkins	w.
	560 NW 73 Avenue  P.O. Box NOT acceptable  Plantation, FL 33317	ĵ
	P.O. Box NOT acceptable Plantation, FL 33317	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
- Jan Signatu	Nancy Atkins - President  We offen officer or director  Printed or typed name and title	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete  my duties, and I am familiar with and accept the obligation of my position as registered  is document is being filed merely to reflect a change in the registered office address, I  that the corporation has been notified in writing of this change.	
	nature of Registered Agent  Company Co	
If signing on be	chalf of an entity:	
Nancy Atkir	ns	
Т	yped or Printed Name	

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