

510040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

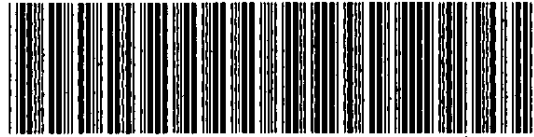
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ADKINSON LAW FIRM
ATTORNEYS AT LAW

CLAYTON J.M. ADKINSON
CLAY B. ADKINSON

41 South 6th Street, DeFuniak Springs, FL 32435
Telephone (850) 892-5195
Fax (850) 892-3013

MAILING ADDRESS:
Post Office Box 1207
DeFuniak Springs, FL 32435

July 24, 2008

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Gentlemen:

In re: *OH SUZANNAH, INCORPORATED*

Enclosed is the original and one copy of a Statement of Change of Registered Office or Registered Agent or Both for Corporations to be filed for the above referenced company. Also, enclosed is a check for \$35.00 to cover the cost of filing fees.

If additional information is needed, please advise. Your assistance in this matter is most appreciated.

Sincerely,

A handwritten signature in black ink that reads "Clayton J.M. Adkinson" followed by a stylized monogram or initials "CJA".

Clayton J.M. Adkinson

CJMA:ch
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OH SUZANNAH, INCORPORATED
(Name of Corporation)

DOCUMENT NUMBER: J10040

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:

Clayton J.M. Adkinson
(Name of Contact Person)

Adkinson Law Firm, LLC
(Firm/Company)

Post Office Box 1207
(Address)

DeFuniak Springs, Florida 32435
(City/State and Zip Code)

For further information concerning this matter, please call:

Clayton J.M. Adkinson at (850) 892-5195
(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

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

1. The name of the corporation: OH Suzannah, Incorporated
2. The principal office address: 686 Highway 90 West, DeFuniak Springs, Florida 32433
3. The mailing address (if different): 686 Highway 90 West, DeFuniak Springs, Florida 32433
4. Date of incorporation/qualification: 04/17/1986 Document number: J10040
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

E. Allan Ramey

#1 Circle Drive

DeFuniak Springs, Florida 32433

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Clayton J.M. Adkinson

41 South 6th Street

(P.O. Box NOT acceptable)

DeFuniak Springs, Florida 32435

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.


(Signature of an officer or director)

Susan Harvell - PS
(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)

7-24-08
(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
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