## K60633

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
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## COVER LETTER

Amendment Section Division of Corporations

TO:

OLID TO CO	Foray Enteror	ises Inc				
SUBJECT: Foray Enterprises, Inc.  Name of Corporation						
DOCUMENT NUMBER:		K60633				
The enclosed Statement of Chang	ge of Registered Office	e/Agent and fee are su	bmitted for filing.			
Please return all correspondence	concerning this matter	to the following:				
Dwaine Foray Name of Contact Person						
Name of Contact Person						
	<b>5</b> . <b>5</b>					
Foray Enterprises, Inc. Firm/Company						
PO Box 1036						
<del> </del>	Addı	ress	W 447			
		; · · · · .	<b>r</b>			
Waxhaw, NC 28173 City/State and Zip Code						
City/State and Zip Code						
	foray@winds	stream.net				
E-mail address: (to be used for future annual report notification)						
For further information concerning	ig this matter, please o	eall:				
Dwaine Fo	ray	at ( 704 )	8773062			
Name of Contact	Person	Area Code & D	8773062 Daytime Telephone Number			
Enclosed is a \$35.00 check made	payable to the Depart	ment of State.				
Mailing Address: Amendment Section			Street Address: Amendment Section			
Division of Corporations			Division of Corporations Clifton Building			
•			utive Center Circle			

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Flori ed under the laws of the State d agent, or both, in the State	of Florida
1. The name of	the corporation: Foray	Enterprises,	-	
3. The mailing	address (if different): PC	Box 1036, Wa	xhaw, NC 28173	
	rporation/qualification:		Document number: nt and registered office on file	K60633
Florida Depa	artment of State: (If resign Scott J. Levine	ed, enter resigned)		
	1900 North Comm			- LETTERS
6. The name an (if changed):	d street address of the nev		if changed) and /or registered	loffice S
	Jeff Lang			<del></del>
	1840 SE 4th Ave.,	#2B P.O. Box NOT ac	prentable	
	Fort Lauderdale, F		сериот	
The street addr	ress of its registered office I be identical.	e and the street ad	dress of the business office	of its registered agent,
Such change authorized by	vas authorized by resolut the beard, or the corpora	ion duly adopted b	y its board of directors or by fied in writing of the change.	y an officer so
Signati	for of an officer or director		Dwaine Foray, Printed or typed name a	
I hereby accept I further agree of my duties, a document is be corporation ha	the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec is been notified in writing	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	agree to act in this capacity, es relative to the proper and ation of my position as regis registered office address, I h	complete performance tered agent. Or, if this ereby confirm that the
	Endudre of Registered Agent		9/9/20 Date	010
	ehalf of an entity:			

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