## K73/57

(Requestor's Name)
(Address)
(Åddress)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

نہ . .

Office Use Only



09/04/09--01028--003 \*\*35.00

09 SEP -4 AH 11: 40

SEE. FLORIDA

ED

RA Change Thewis 9-11-09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

W. BERRY SIGNS, Inc. Name of Corporation SUBJECT **DOCUMENT NUMBER:** 

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:

J.W. Berry surg if mail address? (to be used for future annual report notification)

For further information concerning this matter, please call:

352 728-1119 Area Code & Daytime Telephone Number at ( Name of Contact Person

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

 Amendmessee, FL 32301

CR2E045 (8/05)

## 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.

1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): 873 4. Date of incorporation/qualification: Document number: 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) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Box NOT 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 not fied in writing of the change. officer or directo 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 furties, 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 comportion has been notified in writing of this change. egistered Agent nature of If signing of 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 (8/05)