K94759

(Requ	ıestor's Name))		
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SECRETARY OF STAIL DIVISION OF CORPORATIONS



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Capital Office Products of Volusia County, INC					
Name of Corporation					
DOCUMENT NUM	IBER:	K94759			
The enclosed Statem	ent of Change of Registered Offic	ce/Agent and fee are submitted for	r filing.		
Please return all corr	espondence concerning this matte	r to the following:			
		r Patton			
_	Name of Contact Person				
		ets of Volusia Cty. INC			
-	Firm/C	ompany	_		
	210 Fent	ress Blvd.			
-		iress	_		
-	Daytona Bea City/State a	ach, FL 32114 Ind Zip Code	_		
hpatton@capofficeproducts.com E-mail address: (to be used for future annual report notification)					
	(1000)	1	,		
For further informati	on concerning this matter, please	call:			
	leather Patton	at (386) 238-1	177 ext #341		
Name	e of Contact Person	Area Code & Daytime Te	lephone Number		
Enclosed is a \$35.00	check made payable to the Depar	rtment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corpora Clifton Building			
	Tallahassee, FL 32314	2661 Executive Cen	ier Circie		

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida ganized under the laws of the State of gistered agent, or both, in the State of	Florida
1. The name of		Products of Volusia Count	
3. The mailing	address (if different):		
4. Date of income	rporation/qualification: 1989	Document number:	K94759
	rtment of State: (If resigned, enter resi	ed agent and registered office on file wigned)	ith the
	700 Ballough Rd Daytona Beach, FL 32114		SECURETARY OF CO
	Shows on a first on a first of the	agent (if changed) and /or registered of	fice -9 AT
្តសាធិក្សា ពេលប្រ	210 Fentress Blvd	NOT acceptable	OF STAFFORTS ANTI- 14
Such change wanthorized by i	ras authorized by resolution duly ado he board, or the corporation has been the Hallow	pted by its board of directors or by an notified in writing of the change. Heather Patter	n officer so
I hereby accen	t the appointment as registered around	Printed or typed name and	title
If signing on bo	ehalf of an entity: Typed or Printed Name	- 12 2 Date	<u>//</u>
••	* * * FILING	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314