L12000025134

(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	= #)
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PICK-UP	WÂIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
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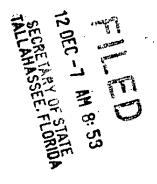
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EXAMINER



700242408257

12/07/12--01032--012 **35.00



COVER LETTER

TO: Amendment Section **Division of Corporations**

Name of Corporation

Name of Corporation

DOCUMENT NUMBER: L12000025134

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing return all correspondence concerning this matter to the following:

Hendricks Publishing

Firm/Company

2924 Zaharias Drive

Address

Orlando, FL 32837

City/State and Zip Code

gazel.hendricks@gmail.com

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

For further information concerning this matter, please call:

Gazel Hendricks

Name of Contact Person

407 697-6103

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

statement of char	ige is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: Hendricks Pu	ublishing
2. The principal of Orlando, F	office address: 2924 Zaharia	s Drive
3. The mailing ac	ldress (if different):	
4. Date of incorp	oration/qualification: 02/21/20	012
5. The name and		stered agent and registered office on file with decre
	864 Duncan Ave	
-	Kissimmee, FL 34744	E. C.
(if changed):	street address of the new register 2924 Zaharias Drive	ed agent (if changed) and /or registered office
	Orlando, FL 32837	Box NOT acceptable
		street address of the business office of its registered agent, dopted by its board of directors or by an officer so een notified in writing of the change.
	hendrie	Gazel Hendricks, Owner Printed or typed name and little
I hereby accept to I further agree to performance of the agent. Or, if this hereby confirm t	he appointment as registered ag o comply with the provisions of a ny duties, and I am familiar with o document is being filed merely hat the corporation has been no	tent and agree to act in this capacity. ull statutes relative to the proper and complete I and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.
sund	pendrus	12/3/2012
If signing on beh	alf of an entity:	Date
Туј	ped or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

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