## N04000004717

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	÷ #)
	<b>—</b>	<b>—</b>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	• • • • • • • • • • • • • • • • • • • •
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



100140298791

01/12/09--01012--004 \*\*35.00

FILEU 2009 JAN 12 PH 12: 47 SECRETARY OF STATE

R.A. Change 1-16-09

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Johns Bay Honogumons Autriation			
DOCUMENT NUMBER: NOYDOOO 4717			
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:			
(Name of Contact Person)			
Promost Proportion Inc. (Firm Company)			
10012 1) Dale Mabriday #102			
Toma FL 33/08 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (813) 381-255)  (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 \tag{\tag{Value}}\tag{\tag{Value}}\tag{\tag{Value}}\tag{Value}
In order to change its registered office of registered agent, or both, in the State of Piorida.
1. The name of the corporation: Leave Day domonumens (Leave Lucy), In
2. The principal office address: 9887 4th attroot 0, #301
M. Potersburg, FL 33702
3. The mailing address (if different):
4. Date of incorporation/qualification: 5112004 Document number: ND+00000 4717
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Wetherington, Hamilton
1010 N Florida Que
Jampa, H. 33602 == == ==
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Rampau Reporties, Inc.
(P.O. Box NOT acceptable)
At Potenburg, FL 33702
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.
Marilyn Wiseman Pres. Marilyn Wiseman President (Signature of an officer or director)
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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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