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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certified Copies Certificates of Status	
Special Instructions to	Filing Officer:	
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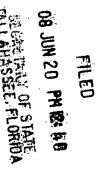
Office Use Only



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## **COVER LETTER**

TO: Amendmen Division of	t Section Corporations	
subject: <u>U</u> m	iversal Autograph	Collectors Clob, Inc.
DOCUMENT NUM	MBER: NO 400000 9 17	<u>\$</u>
The enclosed Staten	nent of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all cor	respondence concerning this matter to	the following:
-	(Name of Contact	et Person)
_	VAC(Firm/Comp	pany)
_	140E. 4Th A	<b></b>
	Wout Dore	in Code)
For further informat	tion concerning this matter, please call	:
A (Nar	ne of Contact Person)	at ( <u>353</u> ) <u>383 – 1958</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	0 check made payable to the Departme	nt 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 Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Universal Autograph Collectors Club, Inc.
2. The principal office address: 140 E. 4Th Aug.
Mount Dora, FC 32757
3. The mailing address (if different):
4. Date of incorporation/qualification: 8116104 Document number: NO400009178
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
AIW: Lynebart
1845 Sylvan Pt. Dr.
Morut Dora, Fr 32757
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
William Winkel Fox.
(P.O. Box NOT acceptable)
W. Palm Bearle, FL. 33406
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.
(Signature of an officer or director)  A 1 With left CFO  (Printed or typed name and title)
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) 6/12/08 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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