

No 500000 2044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

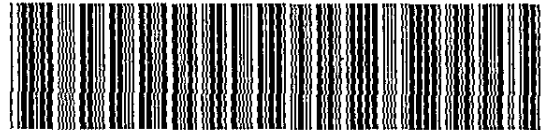
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300061541473

11/21/05--01009--004 **35.00

FILED
05 NOV 21 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PHC/9
006/128

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Megan's Angel Wings, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N05000002044

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:

Maggie Barreneche
(Name of Contact Person)

Megan's Angel Wings
(Firm/Company)

P.O. Box 990998
(Address)

Naples, FL 34116
(City/State and Zip Code)

For further information concerning this matter, please call:

Maggie Barreneche at (239) 348-7667
(Name of Contact Person) (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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Megan's Angel Wings, Inc.
2. The principal office address: P.O. Box 990998
Naples, FL 34116
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/14/2005 Document number: 1105000002044

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Margarita Barreneche
2381 6 AVE, NE
Naples, FL 34120

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rosa Llaguno Scavo, Atty. at Law
2050 Coral Way, Suite 403
(P.O. Box NOT acceptable)
Miami, FL 33145

FILED
05 NOV 21 PM 4:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Margarita Barreneche Secy. Treas.
(Signature of an officer or director) (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.

Rosa Scavo
(Signature of Registered Agent)

Rosa Llaguno Scavo, Esq.
(Date)

If signing on 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)