## N06103

(R	dequestor's Name)
(A	ddress)
(A	address)
(0	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Moople chase Townhorner Aunors Asser
DOCUMENT NUMBER: NOVIOS
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
Resource Report Magenary
28100 US Hay 19 10 # 205
Clearusater FL 33761 (2) City/State and Zip Code 5
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 796-5900 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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
in order to change its registered office of registered agent, or both, in the state of riorada.
1. The name of the corporation: Heeple has Journames (Juners Will)
2. The principal office address: 300 Park St
Seminble, FL 33777
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/09/1984 Document number: WDUD3
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Koondon, Mauream C
4151 Woodlands Parkuray E & T
Robin Harbor, FL 341685
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Becker - F-Poliakoff, P.A.
1511 W Wastshare Blud, #1000 P.O Box NOT acceptable
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 charge was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the charge.
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.
Signature of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Anne M. Hathorn, Esq.

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

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