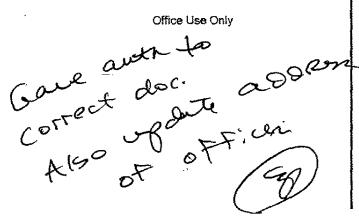
## N07000005531

(Re	equestor's Name)	
(Ad	(dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
, <b>(</b> Bu	siness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	
,	Office Lise On	1







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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: ESE Resources Inc. (Name of Corporation)
DOC	UMENT NUMBER: N0700005531
The en	sclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Andrew Bryan
	(Name of Contact Person)
	ESE Resources Inc. (Firm/Company)
	(Firm/Company)
	2822 NW 19th PL
	(Address)
	Cape Coral Florida 33993 (City/State and Zip Code)
- ·	* *
For tu	rther information concerning this matter, please call:
Andre	(Name of Contact Person) at (239 ) 989-1964 (Area Code & Daytime Telephone Number)
Enclos	sed 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.
The name of the corporation: ESE Resources Inc.
The name of the corporation:
2. The principal office address: 2022 777 7017 1: Cupo Coldi 1 forda Cocco
3. The mailing address (if different):
4. Date of incorporation/qualification: June 1, 2007 Document number: N07000005531
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Andrew Bryan
1006 NW 5th Ave
Cape Coral, Florida 33993
6. The name and street address of the new registered agent (if changed) and /or registered office of (if changed):
Andrew Bryan $ω$
2822 NW 19th P1. —
(P.O. Box NOT acceptable)
Cape Coral, Florida 33993
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.
(index) Dig Andrew Bryan
(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.
Undew Bry 7-2-2007
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed 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 \* \* \*