

NO7000005679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

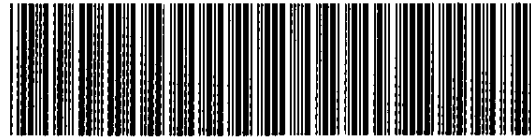
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900212213219

11/03/11--01018--018 **35.00

RA to chy

FILED
11 NOV -3 PM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Friendship Centre India, Inc.
Name of Corporation

DOCUMENT NUMBER: N07000005679

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:

Lisa Strickland
Name of Contact Person

Friendship Centre India, Inc.
Firm/Company

PO Box 15685
Address

Panama City, FL 32406
City/State and Zip Code

lstrickland111@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Strickland at (850) 258-8400
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: Friendship Centre India, Inc.
2. The principal office address: 716 Ohio Avenue
Lynn Haven, FL 32444
3. The mailing address (if different): PO Box 15685
Panama City, FL 32406
4. Date of incorporation/qualification: 6/7/2007 Document number: N07000005679
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)
~~Resigned~~ Kathleen L. Graminski
2426 Auburn Drive
Panama City, FL 32405

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

Lisa Strickland

716 Ohio Avenue

P.O. Box NOT acceptable

Lynn Haven, FL 32444

FILED
11 NOV -3 PM 2:05
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.

Kathleen L. Graminski
Signature of an officer or director

Kathleen L. Graminski S/T
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.

Lisa Strickland
Signature of Registered Agent

10/25/11
Date

If signing on behalf of an entity:

Lisa Strickland
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