## N0700006085

(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:			
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## **COVER LETTER**

Division of Corporations			
SUBJECT: Treasure Coast Enforcers Inc.  Name of Corporation			
DOCUMENT NUMBER: N0700006085			
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:			
Robert Earl Johnson			
Name of Contact Person			
Treasure Coast Enforcers Inc. Firm/Company			
· ····································			
148 SW Peacock Blvd. #207			
Address			
Port Saint. Lucie, Florida 34986 City/State and Zip Code			
City/State and Zip Code			
chopper5665@gmail.com			
chopper5665@gmail.com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Robert Earl Johnson -President 772 342-1704			
Robert Earl Johnson -President at (772 342-1794  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  Street Address: Amendment Section			

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St ange is submitted for a corporation organized under the laws of the State of $\overline{F}$ ar to change its registered office or registered agent, or both, in the State of Flo	lorida
1. The name of t	the corporation: Treasure Coast Enforcers Inc.	
	office address: 148 SW Peacock Blvd. #207 Port St. Lucie, Fl 34	986
3. The mailing a	address (if different): Same	
4. Date of incorp	poration/qualification: June 19, 2007 Document number: NO	07000006085
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	ı the
	Robert Earl Johnson -President	<b>3</b> 6 -
	662 SW Lakehurst Drive	NECKI
	Port Saint. Lucie, Florida 34983	F)  G 1:  HASS
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	FILED 13 PN 3 1ARY OF ST ASSEE, FLO
*	148 SW Peacock Blvd. #207	: 30 ATE RIDA
	Port Saint. Lucie, Florida 34986	
	P.O. Box NOT acceptable	
The street addre	ess of its registered office and the street address of the business office of its be identical.	registered agent,
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an oboard, or the corporation has been notified in writing of the change.	officer so
Signatu	Robert Earl Johnson -F	President
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and come d I am familiar with and accept the obligation of my position as registered if the filed merely to reflect a change in the registered office address, I hereby the notified in writing of this change.	plete performance agent. Or, if this confirm that the
Sign	10 August, 2009 Date	9
	half of an entity:	
Ту	yped or Printed Name	

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