

NO7000006085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

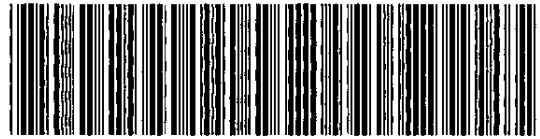
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*RMH*  
*8/18/09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Treasure Coast Enforcers Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N07000006085

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

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 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  
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

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.

- CR2E045 (8/05)