

N070000010931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

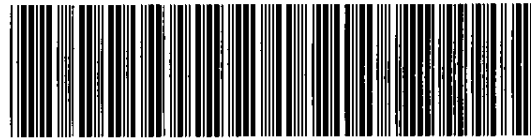
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300214136763

02/08/12--01020--008 **78.75

R0/ch8

@ 3/5/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: O. S. With You for You, INC.
Name of Corporation

DOCUMENT NUMBER: NO7000010931

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:

Nancy Gurney, President
Name of Contact Person

Opportunity Services
Firm/Company

3689 Coolidge Court #5
Address

Tallahassee, Florida 32311
City/State and Zip Code

Nancy G@oppserv.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Gurney at (239) 222-7909
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

OS Controller Approved
Initials [Signature]

State of Florida
01-52400 \$43.75
GL 7



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2012

NANCY GURNEY
O.S. WITH YOU FOR YOU, INC.
3689 COLLIDGE COURT #5
TALLAHASSEE, FL 32311

SUBJECT: O.S. WITH YOU FOR YOU, INC.
Ref. Number: N07000010931

We have received your document for O.S. WITH YOU FOR YOU, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 112A00006056

*Our phone is correct on the form
239-222-7909*

**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: O. S. With Your For You, Inc
2. The principal office address: 2740 Oak Ridge Court #5
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 8, 2008 Document number: N07000010931
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)
Nancy Gurney
2734 Oak Ridge Crt Suite 301
Ft Myers, FL 33901
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Nancy Gurney
3689 Coolidge Court Unit #5
Tallahassee, Florida 32311
P.O. Box NOT acceptable

12 MAR - 1 AM 12
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

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.


Signature of an officer or director

Nancy Gurney President
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

2-2-12
Date

If signing on behalf of an entity:

Nancy Gurney Pres.
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
CR2E045 (8/05)