## NO8000004717

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 28, 2010

PALM HARBOR TRI-WARRIORS P O BOX 2195 PALM HARBOR, FL 34682

SUBJECT: PALM HARBOR TRI-WARRIORS, INC.

Ref. Number: N08000004717

We have received your document for PALM HARBOR TRI-WARRIORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 310A00025470

Attn: Tina Roberts

Clifton Bldg 2661 Executive Center Circle Tall FL 32301

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## 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
1. The name of the corporation: Palm Harbor Tri-Warriors Inc.  2. The principal office address: 2148 Colusa Ct., Palm Harbor FL 34683
3. The mailing address (if different): PO Box 2195, Palm Harbor, FL 34682
4. Date of incorporation/qualification: 5/14/2008 Document number: NO8000004717
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 DEC 2 P
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Michelle Jarcell
2148 Colusa Ct. P.O. Box NOT acceptable
Palm Harbor, FL 34683
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.
Michelle a Jarrell Secretary Signature of an officer or director  Nichelle A. Jarrell Secretary 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 12 17 2010  Date
If signing on behalf of an entity:
Typed or Printed Name

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