N0800011282

(Re	equestor's Name)	
——————————————————————————————————————	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone a	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
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Ro Change

COVER LETTER

Division of Corporations		
SUBJECT: The Ballroom Inc Name of Corporation		
DOCUMENT NUMBER: NO8000011282		
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:		
Graham J. And Elson Name of Contact Person		
Firm/Company		
2480 Ocean Shore Blod # 122 Address		
Ormond Beach FL 32176 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
<u>Haham F. Anckison</u> at <u>386</u> 341-7900 Name of Contact Person at <u>Ode & Daytime Telephone Number</u>		
Enclosed is a \$35.00 check made payable to the Department of State.		

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

STATEMENT OF CHÂNGE 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: The Ballroom, fuc
2. The principal office address: 1250 Hand ave
Ormond Beach, FL 32174
3. The mailing address (if different):
Jame
4. Date of incorporation/qualification: 12-15-2008 Document number: NO80000 11282
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)
Graham F. anderson
1250 Hand ave
Ormond Beach, FL 3217
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
2480 Ocean Shore Blid # 122 P.O Box NOT acceptable Ormand Beach, FL 32176
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.
GRAHAM F. ANDERSON, DIRECTOR Signature of an officer or director 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.
Gignature of Registered Agent May 14, 2014 Date Date
If signing on behalf of an entity:
GRAHAM F ANDERSON 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 (03/12)