

N09000001828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Speak Up Speak Out Inc.
Name of Corporation

DOCUMENT NUMBER: NO9000001828

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:

Taiche Griffin
Name of Contact Person

Speak Up Speak Out
Firm/Company

3432 McCormick Woods Dr
Address

Ocoee, FL 34761-4465
City/State and Zip Code

griffnet_455@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taiche Griffin at (407) 484-0266
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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Speak Up Speak Out
- 2. The principal office address: 7724 Cove Dale Dr Orlando, FL 32818
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 2/23/09 Document number: NO9000001828
- 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)

Regina Scott (Resigned)
7724 Cove Dale Dr
Orlando, FL 32818

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Taiche Griffin
3432 McCormick Woods Dr
P.O. Box NOT acceptable
Orce, FL 34761-4465

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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.

Taiche Griffin
Signature of an officer or director

Taiche D. Griffin
Printed or typed name and title
Director

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. President

Taiche Griffin
Signature of Registered Agent

9/18/12
Date

If signing on behalf of an entity:

Taiche D. Griffin
Typed or Printed Name

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