

N09000001828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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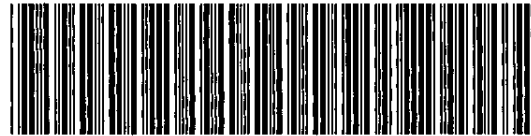
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

R A / Rodch  
@ 9/27/12

## 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: N09000001828
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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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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. Resident

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 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314