## N0900006685

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
	•	
	Office Use On	ly



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TALLAHASSEE, FLORIDA

DEC 12 2014 T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Name of Corporation
NOOCUMENT NUMBER: NO900006685

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:

Arthur Esch

Name of Contact Person

Florida Accelerator

Firm/Company

7499 SE Bay Cedar Circle

Address

Hobe Sound, Florida 33455

City/State and Zip Code

aesch@powre.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Esch 301 ,48130

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

statement of cha	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida	
	der to change its registered office or registered agent, or both, in the State of Florida.	
	f the corporation: Florida Accelerator, Inc.	•
	al office address: 7499 SE Bay Cedar Circle ound, Florida 33455	
3. The mailing a	g address (if different):	
4. Date of incor	prporation/qualification: 7/8/2009 Document number: N0900006685	
	nd street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	
	Arthur Esch	
	3662 SE Forecastle Court	ALL
	Stuart, Fl. 34997	KETA AHAS
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	RY OF S
	Arthur Esch	TATE ORID
	7499 SE Bay Cedar Circle	A
	P.O. Box NOT acceptable  Hobe Sound, Florida 33455	
The street address changed will	ress of its registered office and the street address of the business office of its registered agen il be identical.	t,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signatu	THE SE SENTING OF TYPED TO A RYNUR ESCH Printed or typed name and title	•
I further agree t performance of	of the appointment as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I  I that the corporation has been notified in writing of this change.	
Sign	ignature of Register depend 21 Nov 2014  Date	
If signing on be	pehalf of an entity:	
	Typed or Printed Name	

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