## N09000001830

(Re	equestor's Name)	· ·
(Ad	Idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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R.A.

APR 1 7 2012 T. BROWN

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: 121AuthEnt.org, Inc. (Name of Corporation)			
DOCUMENT NUMBER: N09000007830			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the follow	wing:		
John Edwin Miller (Name of Contact Person)			
121AuthEnt.org, Inc. (Firm/Company)			
2220 CR 210 West, PMB 342 Suite 108 (Address)			
. Saint Johns, FL 32259			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
John Edwin Miller at ( 904 (Area ( Area)	20-3730 Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.			
Amendment Section A Division of Corporations D P.O. Box 6327 C Talahassee, FL 32314 2	treet Address: Amendment Section Division of Corporations Clifton Building 661 Executive Center Circle Fallahassee, FL 32301		



March 7, 2012

JOHN EDWIN MILLER 121AUTHENT.ORG INC. 2220 CR 210 WEST PMB 342 STE 108 ST JOHNS, FL 32259

SUBJECT: 121AUTHENT.ORG INC.

Ref. Number: N09000007830

We have received your document for 121AUTHENT.ORG 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):

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) 245-6050.

Letter Number: 112A00008716

Teresa Brown Regulatory Specialist II

www.sunbiz.org

## 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: 121AuthEnt.org, Inc. 2. The principal office address: 2220 CR 210 West, PMB 342 Suite 108 Saint Johns, FL 32259 3. The mailing address (if different): \_ Document number: N09000007830 4. Date of incorporation/qualification: 6 AUG 2009 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Corporation Service Company 1201 Havs Street Tallahassee, FL 32301 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Northwest Registered Agent LLC 3111 W. Dr. MLK Blvd., STE 100-B180 (P.O. Box NOT acceptable) Tampa, FL 33607 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. John Edwin Miller (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.

1 APR 2012 (Date)

(Signature of Registered Agent)
Dan Keen-manager

If signing on behalf of an entity:

(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 (8/05)