N10000008171

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE

R.A.

Brawn 9-27-1/

COVER LETTER

Amendment Section Division of Corporations

TO:

CUB IF CT.	Thunder City Derk	ov Sirens Inc			
SUBJECT: Thunder City Derby Sirens Inc. Name of Corporation					
DOCUMENT NUMBER	NUMBER: N10000008171				
The enclosed Statement of	Change of Registered Office	e/Agent and fee are submit	ted for filing.		
Please return all correspondence concerning this matter to the following:					
	Victoria				
Name of Contact Person					
Firm/Company					
308 Alemander Ave					
Address					
Debary FL, 32713					
City/State and Zip Code					
thundercityderbysirens@yahoo.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	a Marsh	at (407) Area Code & Daytin	310-9297		
Name of Co	ntact Person	Area Code & Daytin	ne Telephone Number		
Enclosed is a \$35.00 check	made payable to the Depart	ment of State.			
	ulling Address: nendment Section	Street Address: Amendment Se			
	vision of Corporations D. Box 6327	Division of Co Clifton Buildin			
	llahassee, FL 32314	2661 Executive	Center Circle		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	visions of sections 607.0502, 617.0502, 60 e is submitted for a corporation organized to change its registered office or registered o	under the laws of the State o	f Florida
1. The name of the	corporation: Thunder City Derby Sice address: 308 Alemander Ave. Del	Sirens Inc.	
2. The principal on:	act address.		
3. The mailing addr	ess (if different):		
4. Date of incorpora	ation/qualification: 08/27/2010	Document number:	N10000008171
	reet address of the current registered agent a ent of State: (If resigned, enter resigned)	and registered office on file v	with the
Vi	ctoria Marsh		
20	Laurel Oaks Dr. Apt 101		2011 SE TAL
<u>w</u>	inter Springs FL 32708		1811 SEP 26 SECRETAR FALLAHASS
6. The name and str (if changed):	eet address of the new registered agent (if o	changed) and /or registered of	26 AM ASSEE, F
<u>Vi</u>	ctoria Marsh		TLOST A.
<u>30</u>	98 Alemander Ave P.O. Box NOT accept	table	_ 3F 7
De	ebary, FL 32713		_
The street address of as changed will be	of its registered office and the street addre	ess of the business office of	its registered agent,
Such change was a authorized by the	uthorized by resolution duly adopted by i oard, or the corporation has been notified	ts board of directors or by a lin writing of the change.	an officer so
1 "	an officer of discretor	Jessica Terry, Pr	
I hereby accept the I further agree to co of my duties, and I d document is being f corporation has be	appointment as registered agent and agr omply with the provisions of all statutes r am familiar with and accept the obligatio filed merely to reflect a change in the regi en notified in writing of this change.	ee to act in this capacity. elative to the proper and co on of my position as register istered office address, I her	omplete performance red agent. Or, if this reby confirm that the
		09/14/2011	1
If signing on behalf	of Registered Agent of an entity:	Date	
Typed	or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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