-N31392

(Requestor's Name)				
(Address)				
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ECRETARY OF STATE (LLAHASSEE, FLORIDA

RAROCHS Malliallo

COVER LETTER

Division of Corporation	s ·	.g. >	
SUBJECT: NEW SM	YRNA BEACH	MAINSTREET, INC.	
	Name of C	orporation	
DOCUMENT NUMBER:		N31392	· -
The enclosed Statement of Chan	ige of Registered Office	e/Agent and fee are submitted	for filing.
Please return all correspondence	concerning this matter	to the following:	
	DAWN N	MOORE	
	Name of Cor	ntact Person	
	Firm/Co	ompany	
	728 CAI		
	NEW SMYRNA B	EÂCH, FL 32168	· · · · · · · · · · · · · · · · · · ·
•	City/State an	nd Zip Code	. '
DA	WN.CMLYBRAND	CO@CFL.RR.COM	
E-mail addı	ress: (to be used for fi	uture annual report notifica	tion)
For further information concerni	ing this matter, please c	call:	
DAWN MO	iORE	386	428-2315
Name of Contact		Area Code & Daytime	
Enclosed is a \$35,00 check made	e payable to the Depart	ment of State.	
<u>Mailing</u> Amend	Address: Iment Section	Street Address: Amendment Section	on
Divisio	on of Corporations	Division of Corpe	
P.O. Bo	ox 6327 assec, FL 32314	Clifton Building 2661 Executive C	Inntae Cirola
। वाग्वाह	1000C/ 1 L 24214	ZOOT EXCOUNTED	CHUI CHUIC

Tallahassee, FL 32301

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sange is submitted for a corporation organized under the laws of the State of $\underline{\Gamma}$ er to change its registered office or registered agent, or both, in the State of Γ	LORIDA
	the corporation: NEW SMYRNA BEACH MAINSTREET, IN	
2. The principal	office address: 728 CANAL ST	
NEW SM	YRNA BEACH, FL 32168	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 03/27/1989 Document number:	N31392
	d street address of the current registered agent and registered office on file wit rtment of State: (If resigned, enter resigned)	h the
	EILEEN KILDAY, CPA (RESIGNED)	= =
	210 DOWNING ST	SECRE SECRE
	NEW SMYRNA BEACH, FL 32168	三 京
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi	ECRETARY OF STATE ALLAHASSEE, FLORIDA
	DAWN MOORE	
	728 CANAL ST	
	P.O. Box. NOT acceptable	•
	NEW SMYRNA BEACH, FL 323168	-
	ess of its registered office and the street address of the business office of its I be identical.	
Such change wauthorized by f	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	
Signatu	are of an officer or director Printed or typed name and tit	le .
I hereby accept I further agree of my duties, ar document is be corporation ha.	t 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 cound I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete performance Lagent. Or, if this by confirm that the
Sig	gnature of Registered Agent Date	
If signing on be	ehalf of an entity:	
	Moore	
7	Fyped or Printed Name	

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