## N98000001335

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	ocument Number)	)
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RETARY OF STATE OF CORPORATIONS

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## **COVER LETTER**

	(Name of Corporation)
роси	MENT NUMBER: N98000001335
Please	return all correspondence concerning this matter to the following:
C	Christina Carvalho, Administrative Assistant
	(Name of Person)
	Sentry Management, Inc.
	(Name of Firm/Company)
	2180 W. State Road 434, Suite 5000
	(Address)
	Longwood, FL 32779-5044
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
	Christina Carvalho at (407 ) 788-6700 ext. 236 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

i. The name and street addr (if changed):  Arc 247	ifferent):  alification: 3/2/ ess of the current regate: (If resigned, ento	gistered agent ar er resigned)	Document numl nd registered of	ber: <u>N9800</u> fice on file with	0000 /335 h the	
SARASOTA FL.  3. The mailing address (if d.)  4. Date of incorporation/quants.  5. The name and street address Florida Department of St.  RE  5. The name and street address (if changed):  Are:  247	ifferent):  alification: 3/2/ ess of the current regate: (If resigned, ento	gistered agent ar er resigned)	Document numl nd registered of	ber: <u>N9800</u> fice on file with	0000 /335 h the	
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The street address of its reg is changed will be identica	gistered office and t il.	he street addres	ss of the busine	ess office of its	s registered agen	t,
Such change was authorize authorized by the board, or	ed by resolution duly the corporation has	y adopted by its s been notified	s board of direction writing of the	ctors or by an ene change.	officer so	
Nancy Niedere	ocker or director)	<u>N</u> F	ANCY NIE	EDERECK or typed name and ti	KER PRES	SIDENT
hereby accept the appoin further agree to comply w if my duties, and I am fam ocument is being filed me orporation has been notif	-		•		•	
INDIA		_	2/	9/09		
1	stered Agent)			(Date)		
f signing on behalf of an e	entity:					

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 \* \* \*