N980004592

(Requestor's Name) (Address) (Address)	900112160599
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	11/14/0701018004 **
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COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJ	ECT: DEBARY ART LEAGUE, INC (Name of Corp	oration)
DOCU	UMENT NUMBER: N9800004592	
	nclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to	the following:
	DAVID E. ABELES (Name of Contact	et Person)
	ABELES & ANDERSON, LLC (Firm/Comp	
	5 W. HIGHBANKS ROAD (Address	s)
	DEBARY, FL 32713 (City/State and 2	Zip Code)
For fu	orther information concerning this matter, please call	:
DAV	(Name of Contact Person)	at (386) 668-8511 (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Departme	nt 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

TO:

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 Statutes, this ingle is submitted for a corporation organized under the laws of the State of FLORIDA represented to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: DEBARY ART LEAGUE, INC
2. The principal of DEBARY, I	office address: 155 S. HWY. 17/92 FL 32713
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 08/05/1998 Document number: N98000004592
	street address of the current registered agent and registered office on file with the tment of State:
	JANET E. OHERRON
	3091 LYNNHEAVEN STREET
	DELTONA, FL 32738
6. The name and (if changed):	DELTONA, FL 32738 Street address of the new registered agent (if changed) and /or registered office
	SANDRA WILSON
	SANDRA WILSON 37 KEEBLE AVENUE
	(P.O Box NOT acceptable) DEBARY, FL 32713
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Sardis	Sandra O. Smith, President Grunted of typed name and title
I further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this not filled merely to reflect a change in the registered office address, I hereby confirm that the speed to be a change.
(Sig	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
	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 * * *