N99000004229

(Re	questor's Name)			
	dress)			
(Au	uicas			
_ (Ád	dress)			
(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
	cument Number)			
00	cultient Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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SECRETARY DE STATE

10 9/20

TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: STILL STANDING 2000, INC. (Name of Corporation)	5.27% 	٠,٠,٠,٠
DOCUMENT NUMBER: N990000 4229	. 4	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fill	ng.	
Please return all correspondence concerning this matter to the following:		
NATASHA AIKENS (Name of Person)		,
STILL STANDING 2000, INC (Name of Firm/Company)	·	v :
1820 AUCIUA (Address)		
MONTICEUD FLORIDA 32344 (City/State and Zip Code)	<u>.</u> <i>≱</i> *·	1
For further information concerning this matter, please call:		
NATASHA AIKENS at (850) 445-9924 (Name of Person) (Area Code & Daytime Telephone Number	r)	
Enclosed is a check for \$35.00 made payable to the Florida Department of State.		

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

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

Pursuant to the	he provisions of sections 60	7.0502, 617.0502, 607.1508, or 617.1508, F	lorida Statutes,
this statement	of change is submitted for a	corporation organized under the laws of the S	State_of
FLOR 1DA	in order to change i	ts registered office or registered agent, or be	oth, in the State
of Florida.			
I. The name o	f the corporation: STU 2	STANDING 2000, INC	
2. The princip	al office address: 1825 Al	ICILIA MONTICELLO, FLORIDA	32344
3. The mailing	g address (if different):		
·			
4. Date of inco	orporation/qualification: 🏂	LY 1999 Document number: N90	100000 4229
	nd street address of the curre partment of State:	nt registered agent and registered office on fil	e with the
	TARA JIHAD		O3
			SE SE
		344	P 16
6 Th	•	w registered agent (if changed) and /or regis	mo r
changed):	and sheet address of the he	w registered agent (it changed) and for regis	siereg other (ir 오랫 다
3 /	NATASHA AIKENS	70.	. BB
	1820 AUCILLA (P.O. Box o	r personal mailbox NOT acceptable)	
	MONTICELLO FLOR	1DA 32344	
The street add agent, as chan	lress of its registered office a ged will be identical.	and the street address of the business office of	f its registered
Such change vauthorized by	was authorized by resolution the board, or the corporation	duly adopted by its board of directors or by has been notified in writing of the change.	an officer so
(Signature of an office	er, chairman of vice chairman of the boar	d) Adrial WIIS Trea	Suler
performance of registered age	e to comply with the provision of my duties, and I am famili ent. Or, if this document is b	ered agent and agree to act in this capacity. This of all statutes relative to the proper and a far with and accept the obligation of my posi- tive period in the reflect a change in the re- tive poration has been notified in writing of the	complete ition as registered
Notice di	(Signature of Registered Agent)	9-15-03	
If signing on beh		(Dute)	
	(Typed or Printed Name)	(Capacity)	