PG0000018617

| (Re | questor's Name) | 10 | | |
|---|------------------|-------------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



300285289633

05/03/16--01008--005 **35.00

2016 MAY - 2 PM 8: 4/

MAY 0 4 2016 CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Howe's Business, Inc.

Name of Corporation

DOCUMENT NUMBER. P00000010612

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Howe

Name of Contact Person

Howe's Business, Inc.

Firm/Company

3880 Via Del Rey, Suite 102

Address

Bonita Springs, FL 34134

City/State and Zip Code

howesbusiness@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Paul Easton

...239

262-5291

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

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

| statement of ch | ange is submitted for a corporation org | 502, 607.1508, or 617.1508, Florida Statutes anized under the laws of the State of Florida | |
|------------------------------|---|---|--|
| | | stered agent, or both, in the State of Florida | |
| 1. The name of | the corporation: Howe's Busines | s, Inc. | |
| | office address: 100 Tarpon Roa | <u>d</u> | |
| | ers Beach, FL 33931 | | |
| | address (if different): 3880 Via Del | Rey, Suite 102 | |
| | Springs, FL 34134 | D0000010 |)612 |
| 4. Date of incor | poration/qualification: 2/1/2000 | Document number: P0000010 | 7012 |
| | d street address of the current registered rtment of State: (If resigned, enter resigned) | agent and registered office on file with the ned) | |
| | Karla E. Howe (Resigned) | | |
| | 100 Tarpon Road | | ~~ ~ |
| | Fort Myers Beach, FL 3393 | 31 | |
| 6. The name an (if changed): | d street address of the new registered ag | gent (if changed) and /or registered office | 2816 MAY -2 PM 8: 47 SECRETARY OF STARE ALL AHASSEE, FLERIDA |
| | John Paul Easton | | PH S |
| | 3880 Via Del Rey, Suite 10 |)2 | 8: 47 |
| | | OT acceptable | * |
| | Bonita Springs, FL 34134 | | |
| as changed wil | be identical. | et address of the business office of its regist | • |
| Such change wanthorized by | as authorized by resolution duly adopt he board, or the corporation has been r | ed by its board of directors or by an officer notified in writing of the change. | SO |
| JAM | ure of an officer or director | President Printed or typed name and title | |
| (' '(| | ind agree to act in this capacity. Itutes relative to the proper and complete accept the obligation of my position as reg flect a change in the registered office addr in writing of this change. | gistered ess, I |
| | | 4/26/16 | |
| Sip | mature of Registered Agent | Date | |
| If signing on be | chalf of an entity: | | |
| John Paul | | | |
| 7 | yped or Printed Name | | |

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