## P0000017102

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
[
Special Instructions to Filing Officer:
Rollie Biggs
AUTHORIZATION BY PHONE TO
AUTHORIZATION BY PHONE TO CORRECT Principal office
DATE
DOC. EXAM B
,

Office Use Only



400109869134

09/26/07--01022--019 \*\*35.00

2007 SEP 26 PM 3: 55
SECRETARY OF STATE

R.A. Address change

TB

10-1-07

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

					08, Florida Statutes, the State of FLORID		
		registered office or r					
1. The name of	the corporation:	ROLLIE BIGGS EN				n	
2. The principal FL 3	office address:	1041 Lyons	5 Park	Drive,	tompano	Beach	<del> </del>
3. The mailing a	ddress (if differ	ent):				· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	ooration/qualific	cation: FEB 14TH 2	2000 [	Oocument number	er: P00000017102		
	I street address of the state:	of the current registe	ered agent an	d registered offi	ce on file with the		
	ROLLIE BIG	GS				2001	5
	1931 SABA	L PALM DRIVE	E, # 107, C	OAVIE FL. 33	324 CRETARY	SEP 26 PH	- -
6. The name and (if changed):	l street address	of the new registered	d agent (if ch	anged) and /or n	egistered office FLORI	H 3: 55	_
	ROLLIE T.	BIGGS					
	1041 LYON	IS PARK DRIVE					
	POMPANO	(P.O. Box NOT according to the property of the	•				
The street addre	ess of its registe be identical.	ered office and the s	street addres	s of the busines	s office of its registe	red agent,	
Such change was authorized by the	as authorized by	y resolution duly ad corporation has be	dopted by its en notified i	board of direct n writing of the	ors or by an officer s change.	80	
, -	ler of an officer or di	·		ì	typed name and title)		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment ocomply with d I am familian ng filed merely been notified	nt as registered age the provisions of al with and accept th to reflect a change in writing of this ch	ent and agre ll statutes re ne obligation e in the regis nange.	e to act in this c lative to the pro of my position tered office add	apacity per and com <b>plete pe</b> as registe <b>red age</b> nt. Iress, I h <b>ere</b> by confir	erformance Or, if this on that the	
- July	gnature of Registered	(ACONT)		9/2	14/2007 (Date)	<u> </u>	
If signing on be	half of an entit	y:					
(1	yped or Printed Nan	ne)					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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