

P00000030316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

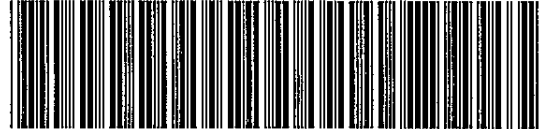
(Business Entity Name)

(Document Number)

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FILED  
03 AUG 11 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(no fee)  
sf



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 10, 2003

ADVENTURES IN LIFE FINANCING, INC.  
PO BOX 3759  
SPRING HILL, FL 34611

SUBJECT: ADVENTURES IN LIFE FINANCING, INC.  
Ref. Number: P00000030316

It has come to our attention through an audit of our records that your corporation has improperly designated the address of your registered agent's office.

Florida law requires that a corporation designate a street address for the office of the registered agent. The address may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by September 10, 2003, your corporation will be administratively dissolved. Please send this form back to my personal and confidential attention to insure the proper filing of this document.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 503A00040913

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Adventures In Life Financing, Inc.  
(Name of corporation)

DOCUMENT NUMBER: 700000030316

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:

Pierre Desjardins  
(Name of person)

Adventures In Life Financing, Inc.  
(Name of firm/company)

10480 Audie Brook Dr.  
(Address)

Spring Hill, FL 34608  
(City/state and zip code)

For further information concerning this matter, please call:

Pierre Desjardins at (352) 686-7497  
(Name of person) (Area code & daytime telephone number)

Enclosed is a ~~\$25.00~~ check made payable to the Department of State.

*No Charge*

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

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Adventures In Life Financing, Inc.  
2. The principal office address: 10480 Audie Brook Dr., Spring Hill, FL 34608  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/4/01 Document number: P 00000030316

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Pierre Desjardins  
P.O. Box 3759  
Spring Hill, FL 34611

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pierre Desjardins  
10480 Audie Brook Dr.  
(P.O. Box or personal mailbox NOT acceptable)  
Spring Hill, FL 34608

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

Pierre Desjardins Pres.  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

8/8/03  
(Date)

If signing on behalf of an entity:

Pierre Desjardins  
(Typed or Printed Name)

President / Sec. / Tres.  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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