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(Requestor's Name)					
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(Ad	ldress)				
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(Cit	ty/State/Zip/Phone #	‡)			
PICK-UP	☐ WAIT	MAIL			
_		_			
(Bu	isiness Entity Name	<u></u>			
(Do	ocument Number)				
Cartified Conies	Cortificates o	of Statue			
Certified Copies Certificates of Status					
Cuncial Instructions to	Filing Officer				
Special Instructions to	Filing Officer.				
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations	3				
SUBJECT:	Four Eved Jane, Inc. (Name of Corporation	on)			
DOCUMENT NUMBER:	P 000 000 66485	<u> </u>			
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:					
George DeSalle					
	George DeSal (Name of Contact Per	son)			
Four Eyed Jane, Inc. (Firm/Company)					
3040 Oasis Grand Blvd. #1704 (Address)					
Ft. Myers, Fl. 33916 (City/State and Zip Code)					
For further information concerni	ng this matter, please call:				
George Des (Name of Contact	Salle at (239) 245 - 9425 rea Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.					
Division P.O. Bo	Address: nent Section n of Corporations x 6327 ssee, 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 chan	nge is submitted for	r a corporation orga	02, 607.1508, or 617.1508, Floi nized under the laws of the State tered agent, or both, in the State	e of Florida		
1. The name of th	ne corporation:	Four Eyed Ja	ne, Inc.			
2. The principal of	2. The principal office address: 3040 Oasis Grand Blvd. #1704					
	·	Ft, Myers, FL	33916			
3. The mailing ad	ldress (if different)	:	4-4-4-4			
4. Date of incorpo	oration/qualificatio	on: July 11, 200 0	Document number: P	000 000 66485		
		ne current registered resigned, enter resign	agent and registered office on fi ed)	le with the		
		George DeSalle	· · · · · · · · · · · · · · · · · · ·	, 		
	180	1 S. Ocean Dr.	#737	2009 M SÉC TALL		
	Hall	landale. FL. 33	009	MAR I		
6. The name and (if changed):	street address of th	ne new registered ag	ent (if changed) and /or registere	2009 MAR 13 PM 12: 52 SECRETARY OF STATE TALLAHASSEE. FLORID		
-	 	George DeSalle		2: 5: TATE ORNII		
	30		Blvd. #1704			
	-	(P.O. Box NOT acceptab				
		t. Myers, FL. 3		VRT		
The street address as changed will be	ss of its registered be identical.	office and the stree	t address of the business office	of its registered agent,		
Such change was authorized by the	authorized by respond to the cor	solution duly adopt poration has been r	ed by its board of directors or botified in writing of the change	by an officer so e.		
George DeSalle Pres. (Stepature b) an officer or director) (Printed or typed name and title)			lle Pres.			
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment as comply with the I am familiar wil g-filed marely to t been notified in w	s registered agent a provisions of all sto h and accept the ob reflect a change in t riting of this chang	nd agree to act in this capacity tutes relative to the proper and ligation of my position as regi he registered office address, I e.	, d complete performance stered agent. Or, if this hereby confirm that the		
<u> </u>	nature of Registered Age	nt)	March 10,	2009		
If signing on beh			(Date)			
	George DeSalle ped or Printed Name)	2				

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