P0000075531

(Re	equestor's Name)	
(Ac	ldress)	· ·
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(Ci	ty/State/Zip/Phone	e #)
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Mr Chark

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Michels 4 Lun	sagaist Corporation
(Name of	Corporation)
DOCUMENT NUMBER: Pood	0075531
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
1	
Roser E.	michels
Roger E. (Name of C	ontact Person)
·	
michels & Lun	Idanist Comporation
(Firm/C	Edguist Corporation
6835 SAN	lose LOOD
(Ad	dress)
•	
New Port Ric	hey FL 34652
(City/State	and Zip Code)
For further information concerning this matter, please	call:
R E m hada	0.45
(Name of Contact Person)	at (727) 845-1957 (Area Code & Daytime Telephone Number)
(Name of Contact Ferson)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
Mailing Address:	Street Address:
<u>Mailing Address:</u> Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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: Michels & Lundquist corporation
1. The name of the corporation: Michels & Lundquist Corporation 2. The principal office address: 6835 SAN Jose Loop New Port Richey FL. 34652
New Port Kichey PL. 34652
3. The mailing address (if different):
4. Date of incorporation/qualification: 8-4-00 Document number: P000000 7553
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
The Company Corp
2711 CENTERVIlle 2d
WILMINGTON DE 19808 WILMINGTON DE 19808
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Larry C. Schalles, CPA
5320 MAIN ST.
Larry C. Schalles, epa 5320 MAIN ST. (P.O. Box NOT acceptable) New Port Richey FR 34652
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.
Reger E michels (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.
Favry C. Schalles 5-8-06 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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