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## **COVER LETTER**

TO: Amendment Section Division of Corporations **DOCUMENT NUMBER:** 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: Kellee Newberr (Name of Contact Person) For further information concerning this matter, please call:

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 change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
The 111 - O- ( 1 1
1212 11:1
2. The principal office address: $6240$ Shirley Street #101 Nanles, FL 34109
3. The mailing address (if different):
4. Date of incorporation/qualification: 912000 Document number: P0000083508
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Kellee Newberry # 5
2064 Alamanda Drive#19 8 8
Nanles El 34107
Nupre ;
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARY BETH CLARY
PORTER, WRIGHT, MORRISZ ARTHUR LLP (P.O. Box NOT acceptable)
5801 PELICAN BAY BLVD #300, NAPLES, FL 3410
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.
Kellee J. Newberry PRES (Signaphre) of an officer or director)
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.
May Bot M. Clary 8-25-08 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
·
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)