## P0000091076

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Only/Olato/Elp// Notice ii)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Cashiosa Zilai) (Vallo)	
(Document Number)	
Certified Copies Certificates of Status	<u>-</u>
Special Instructions to Filing Officer:	
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Office Use Only



400192993424

02/03/11--01006--015 \*\*35.00



PA Change 2/4/11

## **COVER LETTER**

TO: Amendme Division o	nt Section f Corporations	
SUBJECT:	OLLIFF AND AS	SOCIATES INC f Corporation
DOCUMENT NU	MBER: PO	00000091076
The enclosed State	ment of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this ma	tter to the following:
	_	
	. Berna	ard A Olliff Contact Person
	Name of	Confact I cison
		Associates Inc
	Firm	/Company
		rcoossee Road
•	A	ddress
,		
	St Clou	d, FL 34771 e and Zip Code
	City/State	e and Zip Code
	bernieolliff(	@allstate.com
<del>-</del>	E-mail address: (to be used for	r future annual report notification)
For further informa	ation concerning this matter, pleas	se call:
	Bernard Olliff	at ( 407 ) 593 1158
Nar	ne of Contact Person	at ( 407 ) 593 1158  Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Dep	partment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

CR2E045 (8/05)

## STATEMEN' OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617 ange is submitted for a corporation o er to change its registered office or r	organized	l under the laws of the Sta	ate of Florida	-
1. The name of	the corporation: Olliff and Asse	ociate	s Inc.	··· ,-· ,-· ,-· ,-· ,-· ,-· ,-	
2. The principal	office address: 1406 S Narcoos	see Ro	oad, St Cloud, FL 34	771	
3. The mailing	address (if different):	· · · · · · · · · · · · · · · · · · ·			
4. Date of incor	poration/qualification: 09/25/2	2000	_ Document number:	P00000091076	3
	d.street address of the current registe rtment of State: (If resigned, enter re-		t and registered office on	file with the	
	Olliff, Bernard A			<del></del>	
	14900 E Orange Lake Blvd				
	Kissimmee, FL 34747			winds a second	
6. The name and (if changed):	d street address of the new registered	l agent (i	f changed) and /or registe	<b>垂燈 G</b>	
	Olliff, Bernard A	<del></del>		<u></u>	A CHARLES
	1406 S Narcoossee Road	- <del></del>		<b>1</b>	
	St Cloud, FL 34771	ox NOT acc	republe	5	
The street addr as changed will	ess of its registered office and the s l be identical.	treet ado	fress of the business offic	ce of its registered agen	ıt,
Such change wauthorized by t	as authorized by resolution duly ad he board, or the corporation has bee	lopted by en notifi	its board of directors or ed in writing of the chan	by an officer so ge.	
	ure of an officer or director	_	BA OLLIFF Printed or typed nar		-
I further agree of my duties, ar document is be	t the appointment as registered age: to comply with the provisions of ali nd I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this cha	l statute: e obliga in the re	aree to act in this canaci	itu	ce iis ie
Sie	gnature of Registered Agent	_	1 29/1) Date		-
	chalf of an entity:				
BA ou					
Т	Typed or Printed Name				

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