

## P.0000093073

(Re	equestor's Name)			
(Ad	ddress)			
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(Ci	ty/State/Zip/Phon	e #)		
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2008

STACEY OSMON OSMON INVESTMENTS, INC. P.O. BOX 2112 LAKELAND, FL 33806

SUBJECT: OSMON INVESTMENTS, INC.

Ref. Number: P00000093073

We have received your document for OSMON INVESTMENTS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The new registered agent must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 808A00047092

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
INC.				
SUBJECT: OSMON INVESTMENTS, <del>LLC</del>				
(Name of Corporation)				
DOCUMENT NUMBER: P00000093073				
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:				
· ·				
STACEY OSMON				
(Name of Contact Person)				
OSMON INVESTMENTS, LLC				
(Firm/Company)				
PO POV 2442				
PO BOX 2112 (Address)				
LAKELAND, FLORIDA 33806				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
STACEY OSMON at ( 863 ) 646-8853				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
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 cha	inge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of FLORIDA rgistered agent, or both, in the State of Florida.	
1. The name of t	the corporation: OSMON INVESTME	ENTS, LLC	
2. The principal	office address: PO BOX 2112		
3. The mailing a			
4. Date of incorp	poration/qualification: 10-2-2000	Document number: P00000093073	
	d street address of the current register rtment of State:	ed agent and registered office on file with the	
	CHRIS OSMON		
	4415 FLORIDA NATIONAL	DR 8 ALL	c <del>r</del> Cr
	LAKELAND, FLORIDA 33813	SEP :	ETA SA
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	SEE. FL
	STACEY OSMON		OR IS
	4415 FLORIDA NATIONAL	0,	727
	(P.O. Box NOT accept LAKELAND, FLORIDA	ptable)	
	ess of its registered office and the st be identical.	opted by its board of directors or by an officer so notified in writing of the change.	
Stacour	Omon	STACEY OSMON	
I haraby account	ure of an officer of director)  the appointment as registered ager to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	of the proper name and title)  It and agree to act in this capacity.  It statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.	
(Si	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
	Typed or Printed Name)		

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

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