Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name

: WINDERWEEDLE, HAINES, WARD & WOODMAN,

Account Number: 076077002775

Phone

: (407)246-8692

Fax Number

: (407)423-7014

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CYBER DETECTIVE, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	-		7.1508, or 617.1508, Florida Statutes,
-	ned corporation organized w	•	
	-	to change its registered	d office or registered agent, or both, in
the State of F		Done correct TATO	
I. The name	of the corporation : CYBER I	PETECTIVE, INC.	-
2. The mailin	g address of the corporation	<u> </u>	
1392 Sch	uth Woodland Boulevard, D	eland, Florida 32720	
3. Date of in	corporation/qualification: o	:tober 23, 2000 [Occument number: P00000099655
4. The name	and address of the current reg	ristered agent and offic	e:
	Deborah J. Stanley		
	700 Vassar Road		TAS 03
	Deland, Florida 32724		
5. The name :		ered agent (if changed) O. Box Not Acceptable	and/or registered office (frollangest):
	Deborah J. Stanley		
	1392 South Woodland Box	levard	<u></u>
	Deland, Florida 32720		25
The street ad agent, as char	dress of its registered office nged, will be identical.	and the street address	of the business office of its registered
Such change authorized by	was authorized by resolution the board.	n duly adopted by its b	oard of directors or by an officer so
			04/01/12
(Simulation)	ne of an officer, chairman or vice cha	irman of the board)	(Daye)
	(Printed or typed name and	NEX	
Having heen	named as registered agent a	and to accept service of	of process for the above stated
corporation, I fürther agre performance	I hereby accept the appoints ee to comply with the provisi of my duties, and I am fami	nent as registered age ions of all statutes rela liar with and accept th	f process for the above stated nt and agree to act in this capacity. tive to the proper and complete e obligation of my position as
registered ag	ient.		04/01/02
100	(Signature of Registered Agent)		(Date)
If signing on be	chalf of an entity:		· · · · · · · · · · · · · · · · · · ·
	(Typed or Printed Name)		(Capacity)
	***[F	LING FEE: \$35.00 *	k * *
CR2E045(9/00)			
	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL 32314
,			(H020000949873)