P01000020862

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone ♯)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Emity Name)							
(Document Number)							
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: S+N S+amps Inc (Name of corporation)
DOCUMENT NUMBER: <u>60100002086</u> 2
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:
Sharon Warrell (Name of person) St N Stamps Inc. (Name of firm/company) 1157 South US Hwy. 1 (Address) Fort Pierce FL 34950 (City/state and zip code) For further information concerning this matter, please call:
Shavon Wavrell at (772) 468-9796 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number) Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections	ons 607.0502,	617.0502, 607.13	508, or 6 <u>1</u> 7.1508, F	Florida Statutes,
1	of change is submitted	-	=		
Florida	in orđer to ci	hange its regis	stered office or re	gistered agent, or b	oth, in the State
of Florida.		C : N/	<u> </u>	σ.	
	the corporation:		. ,		
	office address: 11		uth 45	Hwy. I,	Fort Pierce
	address (if different)	_		<u></u>	
4. Date of inco	rporation/qualificatic	on: 2/27/	/2001 Docu	ument number: PC	1000020862
5. The name an	nd street address of thartment of State:	/ /			
	WARRELL	SHAR	ON		
	4100 No	orth 1	AIA H	3a5	-d.: 0
	4100 No Fort Pi	erce,	FL 3	4949	3 DEC
6. The name a	and street address of	•			stered office of f
changed):			HARON		是 2
			Ridge D mailbox NOT acceptable	rive	1. 55 LORIO
	Vero	Beach	Florida	32963	" "
The street addragent, as change	ress of its registered ged will be identical.	office and the	street address of	the business office	of its registered
Such change wanthorized by t	vas authorized by res the board, or the corp	olution duly a poration has be	dopted by its boar een notified in wr	rd of directors or by iting of the change.	an officer so
	L Warrelf er, chairman or vice chairman	of the board)	Sharon	L. Warrell d or typed name and title) I	Pregident
I hereby accep I further agree performance o registered age	t the appointment as to comply with the performance of the performance of the complex of the com	s registered ag provisions of a n familiar with nent is being fi	ent and agree to a ll statutes relative and accept the o led merely to refl	act in this capacity. e to the proper and bligation of my pos ect a change in the	complete ition as registered
promite (Signature of Registered Agent	1)		(Date)	
If signing on beha	alf of an entity:				
	(Typed or Printed Name)	 `	· · · · · · · · · · · · · · · · · · ·	(Capacity)	· - :

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