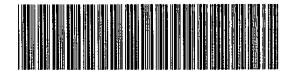
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Allstate. You're in good hands.	Allstate Insurance Company 5428 Spring Hill Dr Spring Hill FL 34606	
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* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floride 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
1. The name of the corporation: VERES IN SHAPPLE AGE.	NCY INC
2. The principal office address: SYZF SPRINGHIEC DR	
SPRINGHILL FLURIOR 34	606
3. The mailing address (if different):	je.
4. Date of incorporation/qualification: 4/26/2601 Document number:	010000 31176
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	
WILLIAM LUVELACE. RESIGNED 401 LINCOLN AVE CLEARWASE	PH I2:
RESIGNED	- 3 5
401 CINCOLN AVE CLEARWATE	- FC 33756 ·
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	office
WILLIAM VERES	_
SYZ8 SPRING HILL DR	
SYZ8 SPRING HILL DR P.O Box NOT acceptable SPRING HILL KL 34600	
The street address of its registered office and the street address of the business office of as changed will be identical.	its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	n officer so
William Vere WICCIAM VERE Signature of an officer or director Printed or typed name and	
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 coperformance of my duties, and I am familiar with and accept the obligation of my positive agent. Or, if this document is being filed merely to reflect a change in the registered off hereby confirm that the corporation has been notified in writing of this change.	omplete on as registered lice address, I
Signature of Registered Agent 8/31/12	···
Signature of Registered Agent Date	***************************************
If signing on behalf of an entity:	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314