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## **COVER LETTER**

SUBJECT: Stephen Richard Monahan Business Services, Inc. (Name of Corporation)			
DOCUMENT NUMBER: P01000057348			
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:			
Kevin A. Kane, Esq. (Name of Contact Person)			
IVAN, COLE & BONNETTE, P.A. (Firm/Company)			
One Independent Drive, Ste. 3131 (Address)			
Jacksonville, Florida 32202 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Kevin A. Kane, Esq. at ( 904 ) 358-3006 (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

TO:

Amendment Section Division of Corporations

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

statement of change is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
1. The name of the corporation: Stephen Ric	hard Monahan Business Services, Inc.
2. The principal office address: 214 Arrowher	ad Road, St. Augustine, FL 32086
3. The mailing address (if different):	
4. Date of incorporation/qualification: 7/8/200	1 Document number: P01000057348
5. The name and street address of the current reg Florida Department of State: (If resigned, ente	istered agent and registered office on file with the r resigned)
Ivan, Cole, Bonnette	
One Independence Driv	
Jacksonville, Florida 322	202 HAR N 19
6. The name and street address of the new registe (if changed):	- HT - HT
Kevin A. Kane, Esq.	FAI E ORID
One Independent Drive, 9 (P.O. Box NOT	
Jacksonville, Florida 322	202
The street address of its registered office and the as changed will be identical.	ne street address of the business office of its registered agent,
Such change was authorized by resolution duly authorized by the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
(Fignature of an opticer of director)	Stephen R. Monahan, Sole Director (Printed or typed name and little)
of my duties and Lam tamiliar with and accen	agent and agree to act in this capacity. f all statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the change.
War	April 26, 2009
(Signature of Registered Agent)  If signing on behalf of an entity:	(Date)
(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 \* \* \*