P0100060874

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	o #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



000056198460

06/20/05--01012--001 **35.00

SECRETARY OF STATE

TILE!

R.A. Office 6-2305

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: Steve Ruud Enterprises, Inc. (Name of corporation)		
DOCL	UMENT NUMBER: P01000060874		
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Steve Ruud (Name of contact person)		
Steve Ruud Enterprises, Inc. (Firm/Company)			
5262 Clarion Hammock Drive (Address)			
	Orlando, Florida 32808		
	(City/state and zip code)		
For fur	ther information concerning this matter, please call:		
Steve f	Ruud at (407) 325-2721		
	(Name of contact person) at (407) 325-2721 (Area code & daytime telephone number)		
Enclose	ed is a \$35.00 check made payable to the Department of State.		
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399		

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

statement of che	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this conganized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of	the corporation: Steve Ruud Enter	prises, Inc.
2. The principal	l office address: 5262 Clarion Ham	nmock Drive, Orlando, Florida 32808
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 6/14/2001	Document number: P01000060874
	d street address of the current regist rtment of State:	tered agent and registered office on file with the
	Steve Ruud	7. S. S. TAN
	8959 Farley Street	TEGRE THE
	Orlando, Florida 32819	TARY PASSE
6. The name and (if changed):	-	ed agent (if changed) and /or registered office
	Steve Ruud	,
	5262 Clarion Hammock Drive (P.O. Box NOT ac	centable)
	Orlando, Florida 32808	
The street addre	ess of its registered office and the	street address of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
1		Steve Ruud, President
(Signature of an officer or director)		(Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this co	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
7	CD.	13 June 2005
	gnature of Registered Agent)	(Date)
	chalf of an entity:	
Steve Ruud	Francia or Drinted Norma	

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