## P0100001116

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | (dress)            |           |
| (Cit                    | ty/State/Zip/Phone | :#)       |
| PICK-UP                 | MAIT               | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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|                         |                    |           |
|                         |                    |           |

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09/28/05--01029--004 \*\*35.00



## **COVER LETTER**

| TO:    | Amendment Section Division of Corporations   |
|--------|--|
| SUBJ   | ECT: Aenon, IUC. (Name of corporation)   |
| DOC    | UMENT NUMBER: P010000 71/16  |
| The en | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following:                       |
|        | (Name of contact person)   |
|        | (Firm/Company)   |
|        | 7605 TAFT PLACE (Address)  |
|        | INDIAN TRAIL, NC 28879 (City/state and zip code)   |
| For fu | orther information concerning this matter, please call:                                  |
|        | (Name of contact person) at (704) 882-6258 (Area code & daytime telephone number)        |
|        | (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
409 E. Gaines Street
Tallahassee, FL 32399



October 24, 2005

H.M. WORKMAN 7605 TAFT PLACE INDIAN TRAIL, NC 28079

SUBJECT: AENON, INC. Ref. Number: P01000071116

We have received your document for AENON, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 405A00064438



October 4, 2005

H.M. WORKMAN 7605 TAFT PLACE INDIAN TRAIL, NC 28079

SUBJECT: AENON, INC. Ref. Number: P01000071116

We have received your document for AENON, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 105A00060207

Irene Albritton Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

| -   | rovisions cf sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this   |
|---|---|
|   | ge is submitted for a corporation organized under the laws of the State of  |
| in order  | to change its registered c <sub>i</sub> fice or registered agent, or both, in the State cf Florida.   |
| 1. The name of the  | - 4   |
| 2. The principal o  | office address: 200 2nd AVE So. ±137  |
|   | St. Petersburg, FL 33701  |
| 3. The mailing ad-  | dress (if different):   |
|   |   |
| 4. Date of incorpo  | oration/qualification: 7-19-2001 Document number: P010000 71116   |
| 5. The name and s<br>Florida Departs  | street address of the current registered agent and registered office on file with the ment of State:  |
|   | H. M. WORKMAN SE 8 3  |
| _   | 1826 RIVER WATCH BILL   |
| -<br>-<br>-   | TARPON SPRINGS, FL 34685  |
| 6. The name and (if changed):   | street address of the new registered agent (if changed) and /or registered office   |
| _   | 200 2nd AVE So. #137 (P.O. Box NOT acceptable)  |
| -   | St. Petersburg, FL 33701  |
| The street address as changed will be   | ss of its registered office and the street address of the business office of its registered agent, be identical.  |
| Such change was<br>authorized by the  | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.   |
| HMILEO  | chua Secretary H.M. Workman - Secretare e of an othicer or director) (Printed or typed name and title)  |
| I hereby accept to I further agree to cf my duties, and document is being corporation has | the appointment as registered agent and agree to act in this capacity.  It comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| My Gig  | Defaute 10/13/2003 (Date)   |
| If signing on beh   |   |
| Aen   | ON, TWC.  |
|   | vned of Printed Name)   |

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