	1/00008265
Requester's Name	
Address	02 AUG
City/State/Zip Phone #	Office Use Only
ORPORATION NAME(S) & DOCUM	
(Corporation Name)	(Document #) 100005547051 -07/22/0201033014
(Corporation Name)	*****35.00 *****35.0 (Document#)
(Corporation Name)	(Document #)
□ Walk in □ Pick up time □ Mail out □ Will wait	Certified Copy Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other
PR2E031(7/97)	Examiner's Initials POJ-8265



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 29, 2002

CHRIS HESSLER INC. ATTN: CHRIS HESSLER 218 CANDLEWICK AVE SPRINGHILL, FL 34608

SUBJECT: CHRIS HESSLER INC. Ref. Number: P01000082655

We have received your document for CHRIS HESSLER 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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6957.

Pamela Smith Corporate Specialist

Letter Number: 902A00045717

OZ AUG -6 AM 9:52

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, Florida Statutes,
the undersigned corporation organized under the laws of the State of Flo 6.
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Chris Hessleh Inc.
United the state of the state o
2. The mailing address of the corporation: 218 Gandlewick Ave.
Sphinghill, 7/34608 (ph: 352-688-6848)
3. Date of incorporation/qualification: \(\frac{2}{2\sqrt{3}} \) Document number: \(\frac{2}{3\sqrt{3}} \) \(\frac{2}{3\sqrt{5}} \)
A The name and address of the assument resistant description of the same and address of the assument resistant description.
Corporation Service Campany
1 1 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10-Box 13394 1201 Hayo 5t
5 The name and address of the delphis PA 19101-3397 Talla hassee, F/
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable) 32 30/
Chair Header Int. Chaistopher L. Hessleh
218 Candlewick Ave
5phinghill 71 34608
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer sea authorized by the board.
The Pec
(Siegature of an officer, chairman or vice chairman of the board) (Date)
Christopher L. Hessler President Es ?
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity
Internal content as registered agent and to accept service of process for the above stated corporation, 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered doesn't.
(Signature of Registered Agent) (Date)
Af signing on behalf of an entity:
Chhistopher L. Hessleh Phesident
(Typed or Printed Name) (Capacity)

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