P01000086934

(Requestor's Name)
(Address)
(/,54/555)
,
(Address)
(City/State/Zip/Phone #)
(0.9, 0.0.0 _ , , ,
PICK-UP WAIT MAIL
THE TOTAL THE TANK
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400127230584

05/02/08--01019--019 **105.00

FILED

08 MAY -2 AM 8: 45

JECKETARY OF STATE

prospor

COVER LETTER

Division of Corporations
SUBJECT: Oseph & Clause Inc. (Name of Corporation) DOCUMENT NUMBER: PO10000086934
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:
Journal Clouse (Name of Contact Person) Joseph & Clouse Inc. (Firm/Company)
Lahigh Arran 11 33977
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 768-5733 (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

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, statement of change is submitted for a corporation organized under the laws of the	
in order to change its registered office or registered agent, or both, in the	State of Florida.
1. The name of the corporation: Oaseph & Clouse,	Inc.
2. The principal office address: 1611 Ooll Blied.	
Lehigh acres, St.	33972
3. The mailing address (if different):	
4. Date of incorporation/qualification: Document number:	P0100000 86934
5. The name and street address of the current registered agent and registered office Florida Department of State:	on file with the
Michael S. Swords	
904 Lee Bleed, Suite 100	70 MM 80
Lehigh acres, Il. 330	736
6. The name and street address of the new registered agent (if changed) and /or regi (if changed):	FTT
611 Ooll Blied.	
Lehigh acceptable) Lehigh acceptable) Lehigh acceptable)	72
The street address of its registered office and the street address of the business of as changed will be identical.	ffice of its registered agent,
Such change was authorized by resolution duly adopted by its board of directors authorized by the board, or the corporation has been notified in writing of the ch	s or by an officer so nange.
House Lorre J. (Signature of an officer of director) Lorre J. (Printed or type	Clouse ed name and title)
I hereby accept the appointment as registered agent and agree to act in this cap. I further agree to comply with the provisions of all statutes relative to the proper of my duties, and I am familiar with and accept the obligation of my position as document is being filed merely to reflect a change in the registered office address corporation has been notified in writing of this change.	acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the
Clause 1-16- (Signature of Registered Agent) (Date of Registered Agent)	08
If signing on behavior an entity:	~ ,
(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 * * *