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RD/change

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TRANSMITTAL LETTER

SUBJECT: COLPOXS REALTY GROUP, INC. (Name of corporation) DOCUMENT NUMBER: PO200021/96
DOCUMENT NUMBER: PO200021/96
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:
KOREEN KOWALSKY-COLPOXS (Name of person)
COLPOYS REALTY GROUP, INC. (Name of firm/company)
P. O. Box 430 (Address)
/JASTINGS FL 32/4/5 (City/state and zip code)
For further information concerning this matter, please call:
KOTLEN KOWALSKY-COLPOYS at (386) 446-1275 (Name of 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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

03 APR -7 PH 4: 01

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

this statement of change is submitted for a corporation organized under the laws of the State of
FLONIDA in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: COLPDYS REALTY GROUP, INC.
2. The principal office address: 155 BIRCHWOOD DR.
PALM COAST, FL. 32/37
3. The mailing address (if different): P.O. Box 430
HASTINGS, FL. 32145
4. Date of incorporation/qualification: <u> </u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
KOREEN KOWALSKY-COLPOYS
2 OFFICE PANK DN. STE A-6
PALM COAST FL 32137
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): **KONETH KOWALSKY - OOLPOYS**
155 BINCHWOOD DN. (P.O. Box or personal mailbox NOT acceptable) PALM COAST, Fl. 32137
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 so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer, chairman of vice chairman of vic
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 agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent) [Date] [Date]
(Signature of Registered Agent) If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Typed or Printed Name) ***FILING FEE: \$35.00 ***
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: