Po2000071193

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SECRETARY OF STATE ALLAHASSEE, FLORIDA 07 MAY 10 AH 11: 36

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Hatyna Corp.	Orporation)
	(* 2. 2	
DOC	UMENT NUMBER: P02000071193	
The er	nclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	r to the following:
	Rose M. Jenkins	
	(Name of Co	ntact Person)
	Peck & Jenkins, C.P.A.'s, P.A. (Firm/Co	omnony)
	(Fillibec	ompany)
	34650 US Hwy 19 N, Ste 108	
	(Add	ress)
	Palm Harbor, FL 34684	
•	(City/State ar	nd Zip Code)
For fu	rther information concerning this matter, please of	call:
Rose	M. Jenkins	at (727) 785-2773
11000	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Englos	sed is a \$35.00 check made payable to the Depart	ment of State
Enclos	sed is a \$55.00 effects made payable to the Depart	ment of otate.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S a organized under the laws of the State of _ registered agent, or both, in the State of Fi	Florida
1. The name of	the corporation: Hatyna Corp.		
2. The principal Celebration	office address: 623 Mulberry Ave, FL 34747	Ste B	
3. The mailing a	address (if different): P.O. Box 470 FL 34747	0925	
4. Date of incor	poration/qualification: 6/27/2002	Document number: P020000	71193
	d street address of the current regis	tered agent and registered office on file wit	h the
	Hexagon International, Inc.	·	17 SI
	PO Box 738		MAY 10
	Loughman, FL 33858		. m ≺
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered offi	MII: 36 OF STATE E.F.J.ORIID
	Rose M. Jenkins		0m 6
	34650 US Hwy 19 N, Ste 1		
	(P.O. Box NOT at Palm Harbor, FL 34684	cceptable)	
	ess of its registered office and the be identical.	e street address of the business office of its	
Such change w authorized by t	as authorized by resolution duly the board, or the corporation has be	adopted by its board of directors or by an seen notified in writing of the change.	officer so
(Signat	ure of an officer or director)	Jean-Louis Choucard, Presider	nt itte)
I hereby accept I further agree of my duties; ar document is be corporation ha	the appointment as registered as to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a change is been notified in writing of this control of the	gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address, I hereb change	plete performance I agent. Or, if this by confirm that the
		5-7-07	
	enature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
	Typed or Printed Name)	_	

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