

PO3000111032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

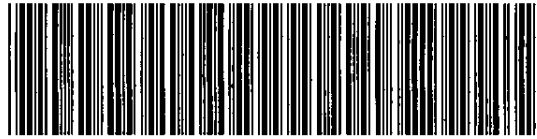
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11-16-09



500162288555

10/30/09--01005--013 **35.00

FILED

2009 NOV 16 AM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SR
RA-
Change



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2009

PAULA STANBERRY
STANBERRY ENTERPRISES INC
4515 CLYDE DRIVE
JACKSONVILLE, FL 32208

SUBJECT: STANBERRY ENTERPRISES, INC.
Ref. Number: P02000111032

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

The attached form must be completed in order to file the document.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 109A00034666

RECEIVED
NOV 16 AM 8:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stanberry Enterprises Inc.
Name of Corporation

DOCUMENT NUMBER: P0200011132

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:

Paula Stanberry
Name of Contact Person

Stanberry Enterprises Inc.
Firm/Company

P.O. Box 593035
Address

Orlando, FL 32859
City/State and Zip Code

Stanberry20@Bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Stanberry at (407) 267-0188
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
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, Florida Statutes; this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Stanberry Enterprises Inc.
2. The principal office address: 4515 Clyde Dr.
Jacksonville, Fl. 32208
3. The mailing address (if different): P.O. Box 593035
Orlando, Fl. 32859
4. Date of incorporation/qualification: 10/14/2002 Document number: P02000111032
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Paula Stanberry
1946 Ole Heritage Dr.
Orlando, Fl. 32839 Apt. 20102

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Paula Stanberry
4515 Clyde Dr.
P.O. Box NOT acceptable
Jacksonville, Fl. 32208

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.

Paula Stanberry
Signature of an officer or director

Paula Stanberry, President
Printed or typed name and title

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.

Paula Stanberry
Signature of Registered Agent

11/10/2009
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
2009 NOV 16 AM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA