

PD2000119124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

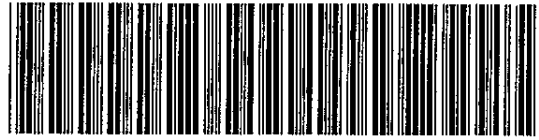
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TEJERA & ASSOCIATES, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** P.O 20000119124

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:

FREDDY TEJERA.  
(Name of contact person)

TEJERA & ASSOCIATES, Inc.  
(Firm/Company)

9982 JEANETTE RD  
(Address)

JACKSONVILLE, FL 32246.  
(City/state and zip/code)

For further information concerning this matter, please call:

FREDDY TEJERA at (904) 616-5708.  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 8, 2004

FREDDY TEJERA  
TEJERA & ASSOCIATES, INC.  
9982 JEANETTE RD.  
JACKSONVILLE, FL 32246

SUBJECT: TEJERA & ASSOCIATES, INC.  
Ref. Number: P02000119124

We have received your document for TEJERA & ASSOCIATES, 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.

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) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 604A00068601

RECEIVED  
04 DEC 17 AM 10:47  
DIVISION OF CORPORATIONS

**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: TEJERA & ASSOCIATES, INC.
- 2. The principal office address: 9182 JEANNETTE Rd JAX, FL 32246
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11-06-2002 Document number: PO 20000 119124

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FREDDY TEJERA  
12220 SMOKE Ridge Cr.  
JAX, FL 32225.

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TALLAHASSEE, FLORIDA

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

FREDDY TEJERA (90%) SHARES  
9182 JEANNETTE Rd  
(P.O. Box NOT acceptable)  
JAX, FL 32246.

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]*  
(Signature of an officer or director)

FREDDY TEJERA OWNER  
(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.*

*[Signature]*  
(Signature of Registered Agent)

11-29-04  
(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