## P020012Z317

| (Requestor's Name)                      |  |  |  |  |
|-----------------------------------------|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certifled Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |

Office Use Only



100009108351

11/25/02--01037--004 \*\*35.00

02 NOV 25 AM 9: 52

3/4/02

## TRANSMITTAL LETTER

| TO: Ar<br>Di                                                 | nendment Section vision of Corporations                        | ·                                    |                                    |  |  |
|--------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------|------------------------------------|--|--|
| SUBJEC'                                                      | T: ABUNDANT MANAGEMENT,                                        |                                      |                                    |  |  |
| (Name of corporation)                                        |                                                                |                                      |                                    |  |  |
| DOCUM                                                        | ENT NUMBER: P02000122317                                       |                                      |                                    |  |  |
| The enclo                                                    | sed Statement of Change of Registered (                        | Office/Agent                         | and fee are submitted for filing.  |  |  |
| Please ret                                                   | urn all correspondence concerning this n                       | natter to the fo                     | ollowing:                          |  |  |
| Ga                                                           | ry A. Kahle                                                    |                                      | -                                  |  |  |
|                                                              | (Name of person)                                               |                                      | - <del>-</del>                     |  |  |
| Farr, Farr, Emerich, Sifrit, Hackett & Carr, P.A.            |                                                                |                                      |                                    |  |  |
|                                                              | (Name of firm/company)                                         |                                      | , <u></u>                          |  |  |
| 99                                                           | Nesbit Street (Address)                                        |                                      | <del>-</del> -                     |  |  |
| Pu                                                           | inta Gorda, Florida 33950                                      |                                      | <u> </u>                           |  |  |
|                                                              | (City/state and zip code)                                      | <del></del>                          | <del>∴ =</del>                     |  |  |
| For further information concerning this matter, please call: |                                                                |                                      |                                    |  |  |
| Pa                                                           | nm Foulk at (at (at (at (                                      | 941 )<br>(Area code &                | 639–1158 daytime telephone number) |  |  |
| Enclosed                                                     | is a \$35.00 check made payable to the D                       | epartment of                         | State.                             |  |  |
| Division of P.O. Box                                         | ent Section Amendment of Corporations Division of Corporations | Section<br>Corporations<br>es Street | <del>-</del><br><del>-</del><br>-  |  |  |

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

| Pursuant to the provisions of sections statement of change is submit                                                                                                        |                                                        |                                                    | · ·                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|----------------------|
| ·                                                                                                                                                                           | • •                                                    | ice or registered agent, o                         | •                    |
| of Florida.                                                                                                                                                                 | entinge na regimerea off                               | ice or registered agent, t                         | n oom, in me siate   |
| 1. The name of the corporation:                                                                                                                                             | ABUNDANT MANAGEM                                       | ENT, INC.                                          |                      |
| 2. The principal office address:                                                                                                                                            | 7518 S. Blue Sage                                      | . Punta Gorda, Flor                                | ida 339 <b>25</b>    |
|                                                                                                                                                                             |                                                        |                                                    |                      |
| 3. The mailing address (if differen                                                                                                                                         | t):                                                    | <del> </del>                                       |                      |
|                                                                                                                                                                             |                                                        |                                                    |                      |
| 4. Date of incorporation/qualificat                                                                                                                                         | ion: 11/15/02                                          | Document number:                                   | P02000122317         |
| 5. The name and street address of Florida Department of State:                                                                                                              | the current registered age                             | ent and registered office of                       | n file with the      |
| Florida Department of State:                                                                                                                                                | THOMAS J. WIEGAND                                      | -                                                  | N 25                 |
|                                                                                                                                                                             | 7518 S. Blue Sage                                      |                                                    | 一 语言 至               |
|                                                                                                                                                                             | Punta Gorda, Flori                                     | da 33983                                           | 9: 53<br>FLORI       |
| 6. The name and street address of                                                                                                                                           | of the new registered ago                              | ent (if changed) and /or                           |                      |
| changed):                                                                                                                                                                   | THOMAS J. WIEGAND                                      | ±                                                  |                      |
|                                                                                                                                                                             | 7518 S. Blue Sage                                      |                                                    |                      |
| I                                                                                                                                                                           | (P.O. Box or personal mailbox NO<br>unta Gorda, Florid |                                                    |                      |
| The street address of its registered agent, as changed will be identicated                                                                                                  | d office and the street ad                             | dress of the business offi                         | ce of its registered |
| Such change was authorized by reauthorized by the loard, or the ec                                                                                                          |                                                        |                                                    |                      |
| (Signature of an officer, chairman of vice mairma                                                                                                                           | or of the hoard!                                       | Thomas J. Wiegand (Printed or typed name and title |                      |
| I hereby accept the appointment of I further agree to comply with the performance of my duties, and I dregistered agent. Or, if this docu office against I hereby construct | as registered agent and a                              | agree to act in this canac                         | itv.                 |
| Thomas Mica                                                                                                                                                                 | 200                                                    | 11-20-02                                           |                      |
| (Signature of Registered Age<br>If signing on behalf of an entity:                                                                                                          | su)                                                    | (Date)                                             |                      |
|                                                                                                                                                                             |                                                        |                                                    |                      |
| (Typed or Printed Name)                                                                                                                                                     |                                                        | (Capacity)                                         |                      |

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