

POA 00127151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

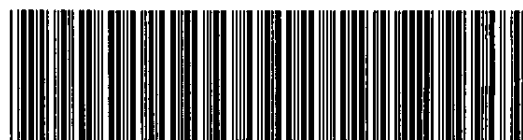
(Business Entity Name)

(Document Number)

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RIA Chg

AUG 26 2014

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Real McCoy Fx Inc.  
Name of Corporation

**DOCUMENT NUMBER:** PO2000127481

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:

Alexandra McCoy  
Name of Contact Person

Real McCoy Fx Inc.  
Firm/Company

32510 Wolf Branch Ln.  
Address

Sorrento, FL 32776  
City/State and Zip Code

alexandramccy@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra McCoy at ( 407 ) 617-7138  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Real McCoy Fx Inc.
2. The principal office address: 32510 Wolf branch ln.  
Sorrento, FL 32776
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/27/2002 Document number: PO 2000127481
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)

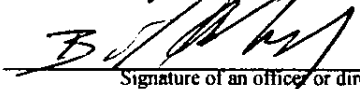
Bill McCoy  
1801 Bent Oak Ct.  
Apopka FL 32712

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

Bill McCoy  
32510 Wolf branch ln.  
P.O. Box NOT acceptable  
Sorrento, FL 32776

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 of the corporation has been notified in writing of the change.

  
Signature of an officer or director

Bill McCoy, P  
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 of Registered Agent

8/15/14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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