102000134641

| (Re | questor's Name) | *************************************** | | | | | |
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| | | | | | | | |
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (Cit | y/State/Zip/Phone | e#) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Coples | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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RADOS.

TRANSMITTAL LETTER

| 10: | Division of Corporations |
|--------|--|
| SUBJ | (Name of corporation) |
| DOC | UMENT NUMBER: P02000134641 |
| The e | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| | DONALD E. SHELBY JR. |
| | (Name of person) |
| | |
| | (Name of firm/company) |
| | 768 OAK SHADOWS RD. |
| _ | (Address) |
| | CELEBRATION, FL 34747 |
| | (City/state and zip code) |
| For ft | urther information concerning this matter, please call: |
| DOI | NALD E. SHELBY JR. at (407) 566-0720 (Name of person) (Area code & daytime telephone number) |
| Enclo | osed is a \$35.00 check made payable to the Department of State. |
| | Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

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

| _ | _ | tions 607.0502, 617.0502, 6 ation organized under the la | | | this statement of in order |
|---|---|--|---|---|---|
| | | registered agent, or both, in | | | un or aer |
| 1 The name of t | he comoration: | D & S SHELBŸCO, INC | | | |
| 2. The principal | | 768 OAK SHADOWS RD | | EET ADDRESS) | |
| z. The principal | 07f100 add1035 | CELEBRATION, FL 347 | | | |
| 3. The mailing a | ddress (if differe | ent): P.O. BOX 470908 | | | |
| | | CELEBRATION, FI | L 34747-0908 | | |
| 4. Date of incorp | oration/qualification | ation: 12/27/02 | _ Document number | P02000134641 | <u></u> |
| | street address o tment of State; | f the current registered agen | t and registered office | on file with the | |
| | CT CORPORA | ATION SYSTEM | <u></u> | × <u>*</u> | |
| | 1200 SOUTH | PINE ISLAND ROAD | | <u> </u> | |
| | PLANTATIO: | N, FL 33324 | | <u></u> | DO NOV |
| 6. The name and (if changed): | l street address o | f the new registered agent (i | f changed) and /or rep | gistered office | FILED 21 PM TARY OF TASSEE. |
| | DONALD E. | SHELBY JR. | | 774. | FLOR STA |
| | 768 OAK SHA | | - · | <u> منه بر بر منه بر </u> | DA 55 |
| | | (P.O. Box or personal mails | ox NOT acceptable) | | |
| | CELEBRATIC | N, FL 34747 | <u></u> | · · . · | <u>.</u> |
| The street addre | ess of its register identical. | red office and the street add | lress of the business | office of its registe | ered agent, as |
| Such change wa | ns authorized by e corporation ha | resolution duly adopted by a been notified in writing o | its board of directo f the change. | rs or by an officer | so authorized by |
| _ Non | ignature of an officer | ordinector) | Donal | OF SHEU | By JR. V.f |
| I hereby accept I further agree to duties, and I am being filed mere been notified in | the appointmen to comply with t in familiar with a cly to reflect a c writing of this o | it as registered agent and a he provisions of all statutes and accept the obligation of hange in the registered offi change. | gree to act in this ca relative to the prop my position as regu ce address, I hereby | pacity, er and complete p stered agent. Or, confirm that the c | erformance of my if this document is orporation has |
| Low | 19 She | J. | <u></u> | 14/03 | <u> </u> |
| If signing on be | (Signature of Register Thalf of an entity | V | | (Daile) | |
| 11 Jigning on oo | inii oi un oning | • | | | |
| | (Typed or Printed N | lame) | · | (Capacity) | <u></u> |

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