P0300015646

(Requestor's Name)
(Address)
/A 1.
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status.
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SEUKETARY OF STATE TALLAHASSEE, FLORID

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ANDERSON CUSTOM CrEations, INC.
DOCUMENT NUMBER: PO 3 0000 15646
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:
JERKY ANDERSON Name of Contact Person
ANDERSON Custom Creations INC.
4343 Ridge WOOD AVENUE
POLT CLANGE, FL 32/27 City/State and Zip Code
terry panderson (campbelling. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TERRY ANDERSON at 407 760-0468

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 Floris A
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Anderson Custom Creations, Two.
2. The principal office address: \$\frac{343}{343} \frac{\text{Kidge WOOD}}{\text{Kidge WOOD}} \frac{\text{HVENUF}}{\text{TV}}
POFF ORANGE, FL 30/2/
3. The mailing address (if different): 4/3///////////////////////////////////
$\frac{COOR OFACH, FL 0931}{COORDINATION OF THE OFACH OFA$
4. Date of incorporation/qualification: 2/10/2003 Document number: 103000/5646
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)
STEVE ANDERSON
6131 MESSINH LANE #402 SEEF
Cocoa Beach, FL 32931
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TERRY ANDERSON
4343 Ridge WOOD HYENUE P.O. BOX NOT acceptable
Port Orange, FL 32127
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 for the corporation has been notified in writing of the change.
Level Hiderson TERRY ANDERSON, TresideNT
I hereby accept the appointment as registered agent and agree to act in this capacity.
I hereby accept the appointment as registered agent that agree to tack 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.
Land of the state
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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