

P03000022713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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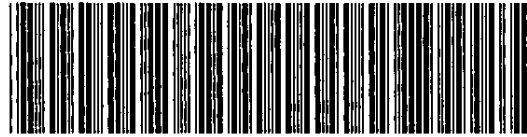
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R.A.

AUG - 3 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POLY-TRIPLEX TECHNOLOGIES, INC.
Name of Corporation

DOCUMENT NUMBER: PO3000022713

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:

W. CHRIS BLANE

Name of Contact Person

POLY-TRIPLEX TECHNOLOGIES, INC.

Firm/Company

505 BEACHLAND BLVD.

SUITE 1, PMB 270

Address

VERO BEACH, FL 32963

City/State and Zip Code

wcblane@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. CHRIS BLANE

Name of Contact Person

at (404) 931-9002

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: POLY-TRIPLEX TECHNOLOGIES, INC.
2. The principal office address: 495 ST. JOHNS RD.
BONIFAY, FL 32425
3. The mailing address (if different): P.O. BOX 398
BONIFAY, FL 32425
4. Date of incorporation/qualification: 2-24-03 Document number: P03000022713
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)

RESIGNED

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

W. CHRIS BLANE

505 BEACHLAND BLVD. SUITE 1

P.O. Box NOT acceptable

VERO BEACH, FL 32963

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.

W. Chris Blane

Signature of an officer or director

W. CHRIS BLANE, DIRECTOR

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.

W. Chris Blane

Signature of Registered Agent

7-27-12

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

CR2E045 (03/12)

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