

PD300003070Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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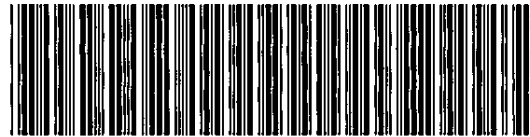
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE

12 SEP 27 PM 1:16

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OCT 1 2012

T. LEWIS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FLO-OLIVER INC.  
Name of Corporation

DOCUMENT NUMBER: P03000030702

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:

Bertha L. Oliver  
Name of Contact Person

FLO-OLIVER INC  
P.O. BOX 177 Firm/Company

Shell Knob, MO 65747-0177  
Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Bertha L. Oliver at 417, 861 2124  
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



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

September 13, 2012

**BERTHA L. OLIVER**  
**FLO-OLIVER, INC.**  
**P. O. BOX 177**  
**SHELL KNOB, MO 65747-0177**

**SUBJECT: FLO-OLIVER, INC.**  
**Ref. Number: P03000030702**

We have received your document for FLO-OLIVER, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

**Thelma Lewis**  
**Document Specialist Supervisor**

**Letter Number: 612A00023076**

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12 SEP 27 AM 10: 07  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: FLO-OLIVER, INC.  
2. The principal office address: 10601 STATE STREET  
SUITE #1 TAMARAC, FL 33321  
3. The mailing address (if different): FLO-OLIVER INC  
P.O. BOX 177 SHELL NOB, MO 65747-0177  
4. Date of incorporation/qualification: 2005 Document number: P03000030702

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

Resigned ARTHUR NEIWIRTH, C, ESQ.  
401 EAST LAS OLAS BLVD SUITE 1650  
FT. LAUDERDALE, FL 33301

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

Bertha L. OLIVER  
10601 STATE STREET SUITE #1  
TAMARAC, FL 33321

P.O. Box NOT acceptable

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.

Bertha L. Oliver  
Signature of an officer or director

Bertha L. Oliver  
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.

Bertha L. Oliver  
Signature of Registered Agent

9-24-2012  
Date

If signing on behalf of an entity:

Bertha L. Oliver  
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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SEP 27 PM 1:15  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE