## P0300039262

(Requestor's Name)		
(Address)		
(Address)		
(City	//State/Zip/Phone	e #)
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	. Certificates	s of Status
Special Instructions to Filing Officer:		
Office Use Only		



11/24/04--01017--014 \*\*35.00

FILED 04 NOV 24 PH 12: 23 ALLAHASSEE, FLORIDA

12/04

## **COVER LETTER**

TO: Amendment Section Division of Corporations

4

۰ . سور ۲

\_\_\_\_ SUBJECT: corporation

DOCUMENT NUMBER: <u>P03000039262</u>

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:

Name of colitact person NC. NTEXNAIT 8554 TONG

Orland El 32819 (City/stage and zip code)

For further information concerning this matter, please call:

at (407) 226-8673 (Area code & daytime telephone number) art dq (Name of contact person)

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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

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

1. The name of the corporation: The principal office address: 3. The mailing address (if different); 3926 Document number: 4. Date of incorporation/qualification: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed): (cceptable)

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.

ottic

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.

of Revist

11/2:/04

resident

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