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C. Coulliette AUG 2 5 2006

COVER LETTER

TO: Amendment Section Division of Corporations

(Name of Corporation)

DOCUMENT NUMBER: 1030000 47309

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:

DEREK UHLER

(Name of Contact Person)

5574 BERMUDA DUNES CIR (Address)

City/State and Zip Code)

For further information concerning this matter, please call:

DEREK UHLER

at (S61) 866 - S528 (Area Code & Daytime Telephone Number)

(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 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 sect statement of change is submitted in order to change its re		ed under the laws of the	State of FLORIDE	4
. 1. The name of the corporation:	UHLER& Co.	Tuc.		
2. The principal office address:		A DUNES CIR	cle	
3. The mailing address (if differen	. •			
4. Date of incorporation/qualifica	tion:	Document numbers	PO 300004	7309
5. The name and street address of Florida Department of State:	the current registered age	ent and registered office	on file with the	
	5032 LANTANA	RD #2307		
	LAKE WORTH, 1	FL 33463		
6. The name and street address of (if changed):	S574 BERMUDA (P.O. Box NOT acceptable)	(if changed) and /or reg	LAHASSEE, FL	FILED 2006 AUG 7 AM :
The street address of its registere as changed will be identical.	ed office and the street a	ddress of the business	office of its registered	agent,
Such change was authorized by authorized by the board, or the control of the cont	Q_{\perp}	MANAGER		
I hereby accept the appointment I further agree to comply with th of my duties, and I am familiar v document is being filed merely to corporation has been notified in	as registered agent and se provisions of all statut with and accept the oblig o reflect a change in the writing of this change.	agree to act in this cap tes relative to the propo ation of my position as registered office addre	pacity. er and complete perfor s registered agent. Or ess, I hereby confirm th	mance if this act the
(Signature of Registered A	gent)	8 11	06	
If signing on behalf of an entity:	•	,-	•	
DERELL S. WHIER				
(Typed or Printed Name)	* * * FILING FEE	E: \$35.00 * * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)