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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	06,703/0301065004 **35.00
PICK-UP WAIT MAIL     (Business Entity Name)     (Document Number) Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Add Data Data Data Control  Add Data Data Data Control  Add Data Data Data Control  Add Data Data Data Data Data Data Data Da	<b>FILED</b> 03 JUN -3 PM 2:21 SECRETARY OF SIATE TALLAHASSEE, FLORIDA
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: 30000495 DOCUMENT NUMBER:

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:

Migdiray (GINIOris (Name of firm/company) ansen BY HVC # 10 (Address)  $\frac{1}{(City/state and zip code)}$ 

For further information concerning this matter, please call:

<u>(Area code & daytime telephone number)</u> indirau

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

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

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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 in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: 7/01 33016 3. The mailing address (if different): 4. Date of incorporation/qualification: 🗘 Document number: 5. The name and street address of the current registered agent and registered office on filer Florida Department of State: 6. The name and street address of the new registered agent (if changed) and /or registered changed): accentable 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. chairman of vice chairman of the board 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 donfirm that the corporation has been notified in writing of this change. (Signature of Registered Agent) If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314