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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TONER PATROL, INC. (Name of Corporation)
DOCUMENT NUMBER: PO30000 96 08 3
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:
FRANCES K. STEPHENSON (Name of Contact Person)
TOHER PATROL INC. (Firm/Company)
2800 W. Gulf to LAKE Huy.
LECANTO FL 34461 (City/State and Zip Code)
` · · · · ·
For further information concerning this matter, please call:
FRANCES "KAREN" STEPHENSON at (352) 746 - 4355 (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

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

Pursuant to the pro statement of change in order to	•	r a corporatio	n organiz	ed under th	e laws of th	e State of	FIA.		
1. The name of the				ATROL		C .			
2. The principal off	•	2800				LAKE	Hwy		-
_,		LECAN		FL	3446	_	7		
3. The mailing add	ess (if different								
4. Date of incorpora	ation/qualificati	on: <u>9-03</u> -	o <b>3</b>	Docum	ent number	. <u>Po</u>	0000	96083	
5. The name and str Florida Departme		he current regi	stered age	ent and regi	stered office	on file with	the		
		SPIEG	EL	\$ UT	RERA	PA	<b>⋝</b> rc	_	
	·····	1840	sω	22'	VD ST	· ur	THE FE	ਲ <b>≥</b>	
		MIAN		FL		3145	HASSI	R -5	
6. The name and str (if changed):	reet address of t	he new registe	red agent			-	<u> </u>		
<del></del>		FRANCE	5 1	<u> </u>	TEPHE	NSOA	SA T	Sver pan	rd.
-		2800 (P.O. Box NOT	$\omega$ .	Gul	F 70	LAKE	Hwy.		
		(P.O. BOX NOT LECAN-	acceptable)	=(	3446	<i>(</i>	,		
	C.,		-				<b>::</b>		
The street address as changed will be	of its registered identical.	a office and th	e street a	daress of th	ne business	office of its	registered a	gent,	
Such change was a authorized by the	uthorized by rooard, or the co	esolution duly rporation has	adopted been noti	by its boar fied in wri	d of directo ting of the c	rs or by an c change.	officer so		
Jane	VAR	Man ~			PRES	•			
I hereby accept the	f an officer of direct	or)	and and	arrea to a		ped name and to	le)		
I further agree to come of my duties, and I document is being corporation has be	omply with the	e provisions of	Tall statuu	eš relative	to the prop	ier and comi	olete perform agent. Or, confirm the	nance if this it the	
France of	P. Ann	· m	<b></b> .		4-4.	06			
(Signat	ure of Registered Ag	ent)	<del></del>	·		Date)		<del></del>	<b></b>
If signing on behai	f of an entity:								
(Type	d or Printed Name)			٠					

\* \* \* 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 (8/05)