P03000144392

(Requestor's Name)				
(Addre	ess)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Nai	me)		
(Docu	ment Number))		
Certified Copies Certificates of Status				
		•		
Special Instructions to Fili	ing Officer:			
•	ū			
		·		

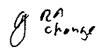




500079269135

09/01/06--01005--015 **35.00 _

06 SEP -1 PM 1:44



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Satu, Inc. (Name of Corporation)
DOCUMENT NUMBER: P03000144392
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:
G. Alan Howard, Esq. (Name of Contact Person)
Milam Howard Nicandri Dees & Gillam, P.A. (Firm/Company)
14 East Bay Street (Address)
Jacksonville, FL 32202 (City/State and Zip Code)
For further information concerning this matter, please call:
G. Alan Howard at (904) 357-3660 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statuinge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	ida		
1. The name of t	the corporation: Satu, Inc.			
2. The principal	office address: 1884 Sea Oats Drive, Atlantic Beach, FL 32233			-
3. The mailing a	nddress (if different): 1884 Sea Oats Drive, Atlantic Beach, FL 32233			
4. Date of incorp	poration/qualification: 12/3/03 Document number: P030001443	392		
	d street address of the current registered agent and registered office on file with the trument of State:	ie		
	Milam Howard Nicandri Dees & Gillam, P.A.			÷
	208 North Laura Street, Suite 800	TALL	96	
	Jacksonville, FL 32202	AHAS	- 45	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	RY OF ST	I PM In the	
	Milam Howard Nicandri Dees & Gillam, P.A.	PATE DRID	44	
	14 East Bay Street	D		
	(P.O. Box NOT acceptable)			
	Jacksonville, FL 32202			-
The street address changed will	ess of its registered office and the street address of the business office of its re be identical.	gistered	l agen	t,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an off he board, or the corporation has been notified in writing of the change.	icer so		
- Ksighati	We wan officer or director) Read Walle Read Read	SIDE	3 T	-
I further agrée of my duties, ar document is bes corporation ha	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby completely to reflect a change in the registered office address, I hereby completely in writing of this change. Completely to the provided Hereby Completely (Date)	rte perfo gent. O ronfirm	rman r, if th that th	ce is ie
C.Ald	Phalf of an entity: Typed or Printed Name)			

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