P03000148917

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WA	IT MAIL			
(Business Entil	ty Name)			
(Document Number)				
Certified Copies Certif	icates of Status			
Special Instructions to Filing Officer:				
<u> </u>				



100027283751

01/21/04--01023--015 **35.00

4 JAN 21 PM 4 LARLIARI OF SI

Rolchanse Mallon/04

Office Use Only

TRANSMITTAL LETTER

TO: Ai	mendment Section ivision of Corporations			
SUBJECT	r: <u>David S. Wantz, Inc.</u>	Name of corporation	on)	
DOCUMI	ENT NUMBER: P0300014891	. 7		,
The enclos	sed Statement of Change of Registered	Office/Agent and	fee are submitted for fili	ng.
Please reti	ırn all correspondence concerning this	matter to the follow	wing:	
	David S. Wantz	(Name of person)		O4 JA
	David S. Wantz Inc.	ame of firm/compa	nv)	04 JAN 21 PH 4: 15
	215 North RoscoeBlvd.	(Address)		L: 15
	Ponte Vedra Bch., FL 3	2082		
	(C)	ity/state and zip co	de)	
For further	r information concerning this matter, p	lease call:		
France	eska Blackford (Name of person)	aı	(904 <u>) 824-5</u> (Area code & daytim	010 ne telephone number)
Enclosed i	s a \$35.00 check made payable to the	Department of Stat	e.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Amendment Section Division of Corport 409 E. Gaines Street Tallahassee, FL 32	ations et

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

change is submitt		607.1508, or 617.1508, Florida Statutes, this sta laws of the State of <u>Florida</u> in the State of Florida.	_
I. The name of th	e corporation: David S. Wantz	Inc.	
2. The principal c	ffice address: 215 North Rosco	e Ponte Vedra Boh., FL 3208	2
3. The mailing ad	dress (if different):		
4. Date of incorpo	oration/qualification: Dec. 9th, 20	003Document number P03000148917	
5. The name and a Florida Depart	street address of the current registered agement of State:	ent and registered office on file with the	
_	David S. Mentz		
	216 Argonaut Road		
- -	St. Aug. FL 32086	TALL	04 J
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	FILED 04 JAN 21 PM
-	David S. Wantz 215 North Roscoe Blvd	ELORA.	
-	(P.O. Box or personal ma	ilbox NOT acceptable)	បា
-	Ponte Vedra Bch., FL	32082	
The street addres changed will be i	s of its registered office and the street addentical.	ddress of the business office of its registered age	ent, as
Such change was	authorized by resolution duly adopted corporation has been notified in writing	by its board of directors or by an officer so auth of the change.	orized by
Jal 2	enature of an officer or director)	David S. Wantz (Printed or typed name and title)	
I hereby accept t I further agree to duties, and I am being filed merel been notified in v	he appointment as registered agent and comply with the provisions of all statut familiar with and accept the obligation by to reflect a change in the registered of writing of this change.	• • • • • • • • • • • • • • • • • • • •	ance of my ocument is tion has
Joul 1.	No	Jan 15. 2004	
()	signature of Registered Agent)	(Date)	
If signing on beh	alf of an entity:		
	(Typed or Printed Name)	(Capacity)	

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