

P03000155911

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

G. Goulet APR 05 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Melton Development Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000155911

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:

Bryant Melton
(Name of Contact Person)

Melton Development
(Firm/Company)

5757 N.W. Eskimo Circle
(Address)

Port Saint Lucie FL, 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryant Melton at (772) 370-1077
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2006

BRYANT MELTON
MELTON DEVELOPMENT, INC.
5757 N.W. ESKIMO CIRCLE
PORT ST. LUCIE, FL 34986

SUBJECT: MELTON DEVELOPMENT, INC.
Ref. Number: P03000155911

We have received your document for MELTON DEVELOPMENT, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 606A00018417

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

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: Melton Development Inc.
2. The principal office address: 5757 NW Eskimo Circle
Port Saint Lucie FL 34986
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P03000155911

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

~~Br. The Company Corporation~~ Corporation Service Company
~~Br. P.O. Box 13397~~ 1201 Hays Street
~~Br. Philadelphia, PA 19101~~ Tallahassee FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brent Melton
5757 NW Eskimo Circle
(P.O. Box NOT acceptable)
Port Saint Lucie FL 34986

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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.

[Signature]
(Signature of an officer or director)

Brent Melton President
(Printed or typed name and title)

I 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 confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

3/06/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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