# P04000003262

(Requestor's Name)		
(Address)	·····	
(Address)	<u></u>	
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of State	tus	
Special Instructions to Filing Officer:		
	,	
Correction wasn't made or	nt attempt	

Office Use Only



200188543052

12/13/10--01019--021 \*\*35.00

SECRETARY OF STATE OF SOLUTIONS OF CORPORATIONS

RO118

TO: Amendment Division	ent Section of Corporations		
SUBJECT:	Mike Shrade		
· ·	Name of Cor	poration	
DOCUMENT N	umber: <i>P 040000032</i>	62	
The enclosed Stat	ement of Change of Registered Office/	Agent and fee are submitted for filing.	
Please return all c	correspondence concerning this matter t	o the following:	
	Mike Sh Name of Cont		
	Mike Shra		
	Firm/Con	npany	
	615 East Silver Springs Blvd Address		
	Addie	33	
	Ocala FL	34470	
	City/State and	Zip Code	
	miksh@earth	nlink net	
	E-mail address: (to be used for fut	ure annual report notification)	
For further inform	nation concerning this matter, please ca	II:	
	Mike Shrader	at ( <u>352</u> ) 817-5875 Area Code & Daytime Telephone Number	
Na	ame of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.	.00 check made payable to the Departm	ent of State.	
	Mailing Address:	Street Address:	
	Amendment Section Division of Corporations	Amendment Section Division of Corporations	
	P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2010

MIKE SCHRADER MIKE SHRADER, INC. 615 EAST SILVER SPRINGS BLVD OCALA, FL 34470

SUBJECT: MIKE SHRADER, INC. Ref. Number: P0400003262

We have received your document for MIKE SHRADER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct 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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 210A00029539

www.sunbiz.org



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2010

MIKE SHRADER MIKE SHRADER, INC. 615 EAST SILVER SPRINGS BLVD OCALA, FL 34470

SUBJECT: MIKE SHRADER, INC. Ref. Number: P04000003262

We have received your document for MIKE SHRADER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

The registered agent must sign accepting the designation.

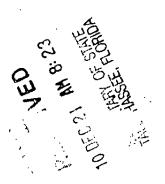
Please complete the form out in its entirety.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 210A00028837



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Mike Shrader Inc 2. The principal office address: 615 E Silver Springs Blvd Ocala FL 34470 3. The mailing address (if different):\_\_ P04000003262 4. Date of incorporation/qualification: \_\_\_ 12/24/2003 Document number: \_\_ 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ShrAD-er MIKE 1800 SE 85th Street RD Ocala FL 34480 P.O. Box. NOT 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. Mike Shrader 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.

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

If signing on behalf of an entity:

Typed or Printed Name

mile 5h raper