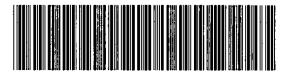
1000019908

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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9,21,09



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09/18/09--01011--018 **35.00

ZOURS SEP 18 PH 12: 49
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Amendment : Division of C	Section Corporations					
SUBJ	ECT:	T J Hau Name of 6	t, Inc				
DOCU	JMENT NUM	BER:P04	1000019908				
The en	closed Stateme	ent of Change of Registered Offi	ce/Agent and fee are subm	nitted for filing.			
Please	return all corre	espondence concerning this matte	er to the following:				
	_	Theodore	e J Haut, Jr				
Name of Contact Person							
	T J Haut, Inc						
	Firm/Company						
	7263 Barragan Rd, #4 Address						
		114	d1033				
	5 . 1. 5 . 2.2.						
Ft Myers, FL 33967 City/State and Zip Code							
	Cheinzm@comcast.net						
	E	-mail address: (to be used for	future annual report not	ification)			
For fu	rther information	on concerning this matter, please	call:				
	Chris	stine L Heinzman	at (239)	810-9495			
		of Contact Person	Area Code & Day	810-9495 time Telephone Number			
Enclos	sed is a \$35.00	check made payable to the Depa	rtment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ve Center Circle			

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

Pursuant to the provisions of sections 60 statement of change is submitted for a co in order to change its registered	rporation organize	d under the laws of the Stat	_{e of} Florida			
1. The name of the corporation: T J Ha		Et Myore El 33067				
2. The principal office address: 7263 B	arrayari Ku, #4	, Ft Myers, FL 33907				
3. The mailing address (if different): Sal	me					
4. Date of incorporation/qualification:	01/21/2004		P04000019908			
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)						
Christine L Heinzn	nan					
7263 Barragan Rd	, #1					
Ft Myers, FL 3396	7					
6. The name and street address of the net (if changed):Christine L Heinzn		(if changed) and /or register	ed office SECRETALLAHA			
7263 Barragan Rd	. #4		P 18			
P.O. Box NOT acceptable						
Ft Myers, FL 3396						
The street address of its registered offices changed will be identical.	ce and the street ac	ddress of the business offic	e of its registered agent,			
Such change was authorized by resolut authorized by the board, or the corpora						
Theodore J Haut, Jr, President Signature of anotificer or director Printed or typed name and title						
I hereby accept the appointment as reg I further agree to comply with the prov of my duties, and I am familiar with ar document is being filed merely to refle corporation has been notified in writing	visions of all statut ad accept the oblig ct a change in the	es relative to the proper a	nd complete performance vistered agent. Or, if this I hereby confirm that the			
Signature of Registered Agent	7) rijan	Date	1009			
If signing on behalf of an entity:						
Typed or Printed Name	 _					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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