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COVER LETTER

SUBJECT: BORG/UND ENTERPRISES, /NO-
/)
DOCUMENT NUMBER: PO 40000 25467
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:
William R. Borglund, JR. Name of Contact Person
BORGLUND ENTERPRISES, INC.
139 E. JOHNSON AND
LAKE WACES FL 33853
E-mail address: (to be used for future annual report notification)

Enclosed is a \$35.00 check made payable to the Department of State.

For further information concerning this matter, please call:

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

TO:

Amendment Section Division of Corporations

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

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: SOR9/UND ENTER DRISES. /NC.
2. The principal office address: 139 E. JOHNSON AVENUE
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 02/05/04 Document number: <u>F0400002546/</u>
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) AHHMUN BORGIVED E516NE1
8/2 THORNBURG RD.
PREVIOUS AND BABSON PARK, PC 33827
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): William R. Bonglund JR.
LAKE WALES FL 33853
The street address of its registered office and the street address of the business office of its register 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 of an officer or director 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 polified in writing of this change.
Signature of Registered Agent 7/4/11 Date
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

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