P04006033403

(Req	uestor's Name)	
(Add	ress)	
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(City	(Chata IZin ID)	JD
(City	/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Your Carmovers Com In C (Name of Corporation)	
DOCUMENT NUMBER: <u>P04000033403</u>	
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:	
Eugene Allen (Name of Contact Person)	-
Lourcarmovers com Inc. (Firm/Company)	
3936 S. Semoran Blvd #113	
Orlando FL 32822 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Eugene Allen (Name of Contact Person) at (407) 432-167164 (Area Code & Daytime Telephone N	umber)
Enclosed is a \$35.00 check made navable to the Department of State	

5.00 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

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: \\Ourcamovers.com, \nc
2. The principal office address: 5675-D Ka Casta Dr
Orlando, FL 32807
3. The mailing address (if different): 39310 S. Sembran Blvd
Orlando, FL 32P22
4. Date of incorporation/qualification: 02/19/2004 Document number: P04000033403
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
<u>Silva Typdale</u>
384 Timucua Crale
Orlando, FL 32837
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Eugene Allen
3154 Timucua Circle STE & TO
Orlando, FL 32837 - 559 @
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 of an officer or director) EUGENE ALLEN (Printed or typed name and bile)
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.
ER 1/14/05
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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