## P04000059284

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(710		
(Cit	ry/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
,	•	,
	cument Number)	
(150	oument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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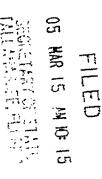
Office Use Only



100048315161

03/15/05--01019--010 \*\*35.00

PA Change T. Lewis



COVER LETTER	
TO: Amendment Section Division of Corporations	
SUBJECT: OUT BACK PROPERTY MANAGEMENT, (Name of corporation)	INC
DOCUMENT NUMBER: P0400059 284	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing	ng.
Please return all correspondence concerning this matter to the following:	
AN THON Y COOPER (Name of contact person)	
(Firm/Company)	+
66 NORTH CAYUGN (Address)	
WILLIAMSVILLE NY 14221 (City/state and zip code)  For further information concerning this matter, please call:	
AN THONY COOPER at (716) 908 L (Name of contact person) (Area code & daytime telephone	+ 555 ne 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 409 E. Gaines Street Tallahassee, FL 32319	
Regrest waiver of fee (if not	appored The
Regrest waiver of fee (if not Regrest waiver of fee (if not incorporating agents, Spreyel,  Themselves as registered open Not REDUET Them to Do TH	placed to 1 DID
Themselves as registered agent	41. 147 - Thankyou
1.01	7a

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

Pursuant to the provisions of section							
statement of change is submitted for in order to change its reg	-	_	-	•		IDA	_
in order to change its reg		-			-	7	-
1. The name of the corporation:					4 GEMEN		
2. The principal office address:		EAST	CAUSEV	VAY	BLUD	APT.	307
	VERO	BEAC	U F	4	32963		
3. The mailing address (if different			······································		·		···
4. Date of incorporation/qualificati	on: 4/7/2	004 Do	cument num	ber:	°0 400	005	728
5. The name and street address of t	he current registere	ed agent and	registered of	fice on file	e with the		
Florida Department of State:					مين موج	0	
	SPIEGEL +	UTRE	ERA, I	P. A		<b>3</b>	<b></b>
	SPIEGEL T 1840 S	5W 2	2 ND	ST	471 720	まって	=
pt	MAMI FL.	33145	- NA	2ST			CO
6. The name and street address of t (if changed):	he new registered a	agent (if chan	ged) and /or	registered	loffice	317715	; -
	ANTHONY	coo	PER		_		
	ANTHONY 935 EA (P.O. Box NOT accept	ST (	CAUSE	WAY 1	SCVD A	or 30	o7
	(P.O. Box NOT accept	table)			<u> </u>	, -	-
	VERO B	EACH	FL	329	163		
The street address of its registered as changed will be identical.	l office and the str	reet address o	of the busine	ess office	of its registe	red ager	ıt,
Such change was authorized by reauthorized by the board, or the co	solution duly ador rporation has been	pted by its b i notified in	oard of dire writing of th	ctors or by ne change.	y an officer s	10	
(Signature of an others of direct	2		AN	THONY	COOP	PER	<u>.</u>
I hereby accept the appointment of I further agree to comply with the of my duties, and I am familiar wi document is being filed merely to corporation has been notified in v	ns registered agent provisions of all s th and accept the reflect a change it vriting of this char	t and agree t statutes relai obligation o n the register nge.	o act in this live to the pr f my position red office ac	capacity. roper and n as regis idress, I h	complete pe tered agent, ereby confir	rforman Or, if th m that th	ice tis he
(Signature of Registered Ag			_				
(Signature of Registered Ag	ent)	/- <del></del>		-/O - (Date)			-
If signing on behalf of an entity:							
(Typed or Printed Name)							
/- Than or remove ramifo)							

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