P04000064141

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C. Coulliette JUN 3 0 2006

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: F&N WILLIAMS INC (Name of Corporation)	ion)			
DOCUMENT NUMBER: P04000064141				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing			
Please return all correspondence concerning this matter to the	•			
rease return an correspondence concerning this matter to the i	onowing.			
FELDMAN WILLIAMS				
(Name of Contact Pe	rson)			
F&N WILLIAMS INC (Firm/Company)				
(c com c s p)	,			
3813 SKIPPER ROAD				
(Address)				
VERNON, FL 32462				
(City/State and Zip C	ode)			
For further information concerning this matter, please call:				
NELLE NEMECEK (Name of Contact Person) at (350 535-5000 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of				
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

statement of cha	provisions of sections 607.0502, 617.0502, inge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State of FLC	ORIDA	 .	
1. The name of	the corporation: F&N WILLIAMS INC				
2. The principal VERNON,	office address: 3813 SKIPPER ROAD FL 32462				
	ddress (if different): N/A				
4. Date of incorp	poration/qualification: 04-19-2004	Document number: P04000064	4141		
	I street address of the current registered age trment of State:	ent and registered office on file with th	ie		
	CORPORATION SERVICE CO	OMPANY			
	1201 HAYS STREET				
	TALLAHASSEE, FL 32301		TALL	2006	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	RETARY AHASSE	2006 JUN 26	<u> </u>
	FELDMAN WILLIAMS		TO CO	2	ED
	3813 SKIPPER ROAD		STAT	=	
	(P.O. Box NOT acceptable)		DA.	22	
	VERNON, FL 32462				
The street address changed will	ss of its registered office and the street as be identical.	ddress of the business office of its reg	gistered a	agent,	
Such change wa authorized by th	as authorized by resolution duly adopted to board, or the corporation has been noti	by its board of directors or by an offi fied in writing of the change.	icer so		
N Filo	re of an officer or director)	FELDMAN WILLIAMS PRESI (Printed or typed name and title)	IDENT		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and o comply with the provisions of all statut d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complet ation of my position as registered ag registered office address, I hereby co	te perfori ent. Or, onfirm the	mance if this at the	
p Fild	- With	05 - 10 - 2005	t. _M ,		
-	nature of Registered Agent)	(Date)	_		
II signing on be	half of an entity:				
<u></u>	yped or Printed Name)				
	* * * FILING FEE	C: \$35.00 * * *			

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