

P04000084345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

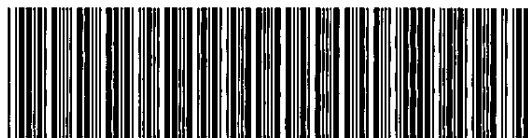
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 19 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 19 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2007

DONNA OLSON
OLSON CAIN DESIGN GROUP, INC.
4440 N. OCEANSHORE BLVD., STE 109
PALM COAST, FL 32137

SUBJECT: OLSON CAIN DESIGN GROUP, INC.
Ref. Number: P04000084345

We have received your document for OLSON CAIN DESIGN GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 207A00059083

RECEIVED
2007 OCT 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OLSON CAIN DESIGN GROUP, INC
(Name of Corporation)

DOCUMENT NUMBER: PO40000 84345

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:

DONNA M. OLSON

(Name of Contact Person)

OLSON CAIN DESIGN GROUP, INC.

(Firm/Company)

4440 N. OCEANSHORE BLVD, SUITE 109

(Address)

PALM COAST, FL 32137

(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA OLSON

(Name of Contact Person)

at (386) 446-5220

(Area Code & Daytime Telephone 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
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OLSON CAIN DESIGN GROUP, INC.
2. The principal office address: 4440 N. OCEANSHORE BLVD., SUITE 109
PALM COAST, FL 32137
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: MAY 26, 2004 Document number: P 04 000084345
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CHRISTINE CAIN

421 WISTERIA ROAD

DAYTONA BCH, FL 32118

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DONNA OLSON

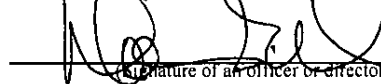
4440 N. OCEANSHORE BLVD, SUITE 109

(P.O. Box NOT acceptable)

PALM COAST, FL 32137

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)

DONNA M. OLSON, PRESIDENT
(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 notified in writing of this change.


(Signature of Registered Agent)

15 OCTOBER 2007
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA