

PO4 000097554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Take off corpname per
Alan Rivett. TS 10/20/04

Office Use Only



800041692258

10/11/04--01020--012 **35.00

FILED
04 OCT 11 PM 3:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

PO
TS 10/20/04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALAN RIVETT ENTERPRISES INC.
(Name of corporation)

DOCUMENT NUMBER: 904000092554

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:

MR ALAN RIVETT
(Name of contact person)

ALAN RIVETT ENTERPRISES INC.
(Firm/Company)

13350 TWIN LAKE AVE
(Address)

SPRING HILL FL 34609
(City/state and zip code)

For further information concerning this matter, please call:

ALAN RIVETT at (352) 688 8831
(Name of contact person) (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
409 E. Gaines Street
Tallahassee, FL 32399

**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: ALAN RIVETT ENTERPRISES INC.
2. The principal office address: 13350 TWIN LAKE AVE
SPRING MILL FL 34609.
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/28/04 Document number: P04000092554

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALAN RIVETT
1147 DESMOND AVENUE
SPRING MILL FL 34608

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

ALAN RIVETT
13350 TWIN LAKE AVE
(P.O. Box NOT acceptable)
SPRING MILL FL 34609.

FILED
04 OCT 11 PM 3:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

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) ALAN RIVETT OVERSIGHT
(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) 10/06/04
(Date)

If signing on behalf of an entity:

ALAN RIVETT
(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