P04000100619

(Re	questor's Name)	
(Ad	dress)	
hA)	dress)	
ų		
(Cit	ty/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
•	•	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	

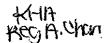
Office Use Only



400078320624

08/09/06--01019--010 **35.00

SECRETARY OF STATE



COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Militrade Iac (Name of Corporation)
DOC	UMENT NUMBER: P04000100619
The er	sclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Roger A. Littlejohn (Name of Contact Person)
	Militrade Iuc. (Firm/Company)
	1619 N. Riverhills Drive (Address)
	Temple TERRACE, FL 33617 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
	Roger Littlejohn at (8/3) 493 2830 (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
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: Militrade Iuc.
2. The principal office address: 1619 NORTH Riverhills Drive Temple Terrace, FL
336/
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/6/04 Document number: P04000/00619
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Spiegel & Utrera, P.A.
1840 SW 22ND ST 4th Floor
Miani, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered official (if changed):
Roger A. Littlejohn 1619 N. Riverhills Dr. (P.O. Box NOT acceptable)
1619 N. Kiverhills Dr.
Temple Terrace, FL 33617
The street address of its registered office and the street address of the business office of it. Street 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.
Justin A. Littlejohn, President
(Signature of an officer or director) (Printed or typed name and fille)
Thereby 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.
Nan a Tratil 8/5/06
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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