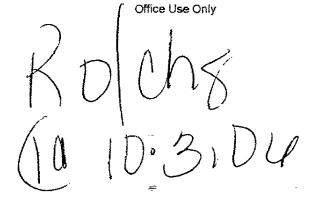
## P04000108541

(Re	equestor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	<del></del>
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: North Florida Enterprise, Inc. (Name of Corp.)	poration)
DOCUMENT NUMBER: P04000108541	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
G. Alan Howard, Esq. (Name of Conta	act Person)
Milam Howard Nicandri Dees & C	Gillam, P.A.
14 East Bay Street (Addres	ss)
Jacksonville, FL 32202 (City/State and	Zip Code)
For further information concerning this matter, please cal	•
G. Alan Howard (Name of Contact Person)	at ( 904 ) 357-3660 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departme	ent 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: North Florida Enterprise, Inc.
2. The principal office address: 7814 Cypress Point Court, Jacksonville, FL 32256
3. The mailing address (if different): 7814 Cypress Point Court, Jacksonville, FL 32256
4. Date of incorporation/qualification: 7/22/04 Document number: P04000108541
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Milam Howard Nicandri Dees & Gillam, P.A.
208 North Laura Street, Suite 800
Jacksonville, FL 32202
208 North Laura Street, Suite 800  Jacksonville, FL 32202  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Milam Howard Nicandri Dees & Gillam, P.A.
Milam Howard Nicandri Dees & Gillam, P.A.
14 East Bay Street
(P.O. Box NOT acceptable)
Jacksonville, FL 32202
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.
Michael a Bryant MICHAEL A. BRYANT (Signature of an officer or director)  (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) (Date)
if signing on behalf of an entity:
(Typed or Printed Name)

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