## P04000117640

Office Use Only



900109621339

10/02/07--01033--010 \*\*35.00







## **COVER LETTER**

Division of Corporations				
SUBJECT: Janice A. Summers Realty, Inc. (Name of Corporation)				
DOCUMENT NUMBER: P04000117640				
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:				
Janice Summers (Name of Contact Person)				
Janice A. Summers Realty, Inc.  (Firm/Company)				
3389 Cypress Gardens Road				
(Address)				
Winter Haven, FL 33884 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Victor Smith at (863 ) 293-1184 (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

TO:

Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH , FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617 ange is submitted for a corporation organized under the laws er to change its registered office or registered agent, or both,	of the State of	Florida
1. The name of	the corporation: Janice A. Summers Realty, Inc.		
	l office address: 3389 Cypress Gardens Road Winter H	daven, FL 338	84
3. The mailing a	address (if different): P.O. Box 391 Winter Haven, FL	33882	
4. Date of incorp	poration/qualification: 08/12/2004 Document nu	mber: P04000	117640
	d street address of the current registered agent and registered outment of State:	office on file wit	h the
	Victor R. Smith		_
•	170 E. Haines Blvd		_
	Lake Alfred, FL 33850		O7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	255 Magnolia Avenue, S.W.		LED -2 MIII: EXIFSTATI
	(P.O. Box NOT acceptable) Winter Haven, FL 33880		43
The street addre	ress of its registered office and the street address of the busil be identical.	ness office of its	s registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of dinhe board, or the corporation has been notified in writing of	rectors or by an the change.	officer so
I hereby accept I further agree to of my duties, an document is bei corporation fa	the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the and I um familiar with and accept the obligation of my position of the provision of the confidence of the provision of the registered office of the provision of the registered office of the provision of this change.	d or typed name and ti	plete performance lagent. Or, if this by confirm that the
(1	Typed or Printed Name)		

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

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