## P.04000141239

(Requestor's Name)		
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Reynolds Financial Services	Sorporation)
DOC	UMENT NUMBER: P04000141239	
The er	iclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matte	r to the following:
	Allan Reynolds	
	(Name of Co	ntact Person)
	Reynolds Financial Service (Firm/C	es, Inc.
	474319 East State Road 2	00 lress)
	Fernandina Beach, FL 3203	34
	(City/State a	nd Zip Code)
For fu	rther information concerning this matter, please	call:
Allar	Reynolds (Name of Contact Person)	at ( 904 ) 261-2525 (Area Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Depar	tment 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, 617.05 statement of change is submitted for a corporation orga in order to change its registered office or regis	inized under the laws of the State of Florida	
1. The name of the corporation: Reynolds Financial		
2. The principal office address: 474319 East State Road 200		
Fernandina Beach, FL 32034	<del></del>	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 10/14/2004	Document number: P04000141239	
5. The name and street address of the current registered Florida Department of State:	agent and registered office on file with the	
Allan Reynolds		
309 1/2 Centre Street, Suite 205		
Fernandina Beach, FL 320	034	
6. The name and street address of the new registered agree (if changed):  474319 East State Road  Fernandina Beach, FL 32  (P.O. Box NOT acceptable)	200 = 2034 9 = 3	
	et address of the business office of its registered agent,	
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been in	ed by its board of directors or by an officer so notified in writing of the change.	
(Signature of an other or director)	Allan Reynolds, President (Printed or typed name and title)	
I hereby accept the appointment as registered agent of further agree to comply with the provisions of all st of my duties, and I am familiar with and accept the odocument is being filed merely to reflect a change in corporation has been notified in writing of this change	and agree to act in this capacity, atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ze.	
Olan Pylis (Signature of Registered Agent)	10/12/2005	
If signing on behalf of an entity:		
Allan Reynolds		
(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