## AB/000/53327

(Re	equestor's Name)	
· (Ac	(draga)	
(Ad	ldress)	
(Ad	dress)	
,	uices)	
(Cit	ry/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		}
	Office Use Only	v



900085553299

02/05/07--01068--009 \*\*35.00

RAMA

07 FEB -5 PH 2: 45

## COVER LETTER

Amendment Section

TO:

Division of Corporations				
SUBJECT: S&	T WINNING GOLF INC (Name of Corporation	on)		
		,		
DOCUMENT NUMBER: <u>P04000153327</u>				
The enclosed Statement	t of Change of Registered Office/Agent a	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
•	·			
	HAROLD T SAUER			
HAROLD J. SAUER (Name of Contact Person)				
•				
	547 WINNING GOLF (Firm/Company)	INC		
	(Firm/Company)			
	800 FLORIDA AVE. (Address)			
(Address)				
	ORANGE CITY FL (City/State and Zip Co	32763		
(City/State and Zip Code)				
For further information concerning this matter, please call:				
HAROLD	SAUER at (	386 775-4775  rea Code & Daytime Telephone Number)		
(Name o	of Contact Person)	rea Code & Daytime Telephone Number)		
Enclosed is a \$35.00 ch	eck made payable to the Department of	State.		
. 1	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations			
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	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 <u>FLDRIDA</u>
1. The name of the corporation: SQT WINNING GOLF, INC.
2. The principal office address: 337 HINSDALE DR
De BARY FL 32713
3. The mailing address (if different):
4. Date of incorporation/qualification: 11-08-2004 Document number: P04000 15-3327
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
WALTER A. TEJCHMAN
WALTER A. TEJCHMAN  327 HINSOALE DR.
NERAPY FL 39713
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
HAROLD J. SAUER  800 FLORIDA AVE.  (P.O. Box NOT acceptable)
800 FLORIDA AVE.
ORANGE CITY FL 32763
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 officer so has been notified in writing of the change.
Walt Confector WALTER A. TEJCHMAN PRES.  (Signature of an officer or effector)  WALTER A. TEJCHMAN PRES.
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.
Hund (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
HAROLD SALIER (Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STAT