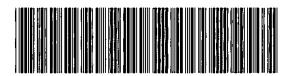
## P04000158202

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status _ · ·
Special Instructions to Filing Officer:
·

Office Use Only



100157057331

07/09/09--01029--003 \*\*35.00

99 JUL 09 PH 4: 05
SECRETARY OF STATE
SALLAHASSEE. FLORIE

RA Clong C.COULLIETTE

JUL 17 2009

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Sparrow Financing Inc. Name of Corporation
DOCUMENT NUMBER: P04000158202
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:
Brian J. Dodd Name of Contact Person
Name of Contact Person
Sparrow Financing Inc.
113 N. Virginia Ave.
Sanford FL 3277/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bryan Dodd at 407, 963-8326 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

**Clifton Building** 

Tallahassee, FL 32301

**Division of Corporations** 

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

CR2E045 (8/05)

## 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.
1. The name of the corporation: Spanow Financina, Inc.  2. The principal office address: 113 N. F. Virginia Ave.
3. The mailing address (if different): Sawl
4. Date of incorporation/qualification: 11/19/04 Document number: P04000158202
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Brian Dodd  1604 Little Sparrow CT.  Winter Springs Pl 32708
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed):    13   N.   Virginia   Ave   San ford   32771
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.  Brian J. Dodd  Brian J. Dodd  Profes or derector
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.
F Doctor 7/6/09 Signifiure of Registered Agent Date
If signing on behalf of an entity:
Brian J. Dodd 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 CR2E045 (8/05)