P04000161399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Loaded Pole Tackle, Co.
(Name of Corporation)

**DOCUMENT NUMBER:** P04000161399

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:

Kathleen Paul
(Name of Contact Person)

Loaded Pole Tackle, Co.
(Firm/Company)

1404 Connecticut Ave.
(Address)

Lynn Haven, FL 32444
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Paul at ( 850 ) 271-9147
(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

**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: Loaded Pole Tackle, Co.
2. The principal office address: 1404 Connecticut Ave., Lynn Haven, FL 32444
3. The mailing address (if different):
4. Date of incorporation/qualification: Dec. 01, 2004 Document number: P04000161399
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Devin S. Paul
609 Redbird St.
Lynn Haven, FL 32444

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Devin S. Paul
1404 Connecticut Ave.
(P.O. Box NOT acceptable)
Lynn Haven, FL 32444

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.

Kathleen Paul
(Signature of an officer or director)

Kathleen Paul, Vice President
(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.*

Devin S. Paul
(Signature of Registered Agent)

7 Aug 2006
(Date)

If signing on behalf of an entity:

(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)