P04000167024

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COVER LETTER

TO: Ame Divi	endment Section ision of Corporations				
SUBJECT:_	Adair Realty, Inc.				
	(Name of	corporation)			
DOCUMEN	NT NUMBER: P04000167024				
The enclosed	d Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.			
Please return	n all correspondence concerning this mat	ter to the following:			
	Damon A. Chase, Esq. (Name of c	contact person)			
Chase Law Offices, P.A. (Firm/Company)					
	P.O. Box 196309 (A	ddress)			
	Winter Springs, FL 32719-63	09 and zip code)			
For further is	information concerning this matter, pleas	•			
Damon A	A. Chase, Esq.	at (407) 327-1977 (Area code & daytime telephone number)			
	(Name of contact person)	(Area code & daytime telephone number)			
Enclosed is a	a \$35.00 check made payable to the Dep	artment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399			

TO:

statement of cha	nge is submitted for a	corporation organiz	. 607.1508, or 617.1508, 1 ted under the laws of the S	State of Florida	
in order	r to change its register		ed agent, or both, in the S	tate of Florida.	
1. The name of t	he corporation:	Adair Realty, In			
2. The principal	office address:	204 Temple Ave	04 Temple Avenue, Fem Park, FL 32730		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:	12/14/2004	Document number:	P04000167024	
	street address of the coment of State:	urrent registered age	ent and registered office or	n file with the	
	Chase Law Office:	s, P.A.			
	1009 E. Highway	436		<u>.</u>	
	Altamonte Springs	s, FL 32701	·	0	
6. The name and (if changed):	street address of the n	ew registered agent	(if changed) and /or regist	tered office AHASSE	
	Chase Law Office	es, P.A.			
	301 W. State Rd. 434, Suite 309				
		O. Box NOT acceptable)		DA DA	
	Winter Springs, F	FL 32708			
The street addre	ss of its registered off be identical.	fice and the street a	ddress of the business of	fice of its registered agent,	
Such change wa authorized by th	s authorized by resolute board, or the corpor	ution duly adopted ration has been noti	by its board of directors of fied in writing of the cha	or by an officer so inge.	
(Signatu	re of an officer or director)		(Printed or typed	name and title)	
i turthar aaraa t	a camply with the area	wieiowe of all etated	agree to act in this capa les relative to the proper ation of my position as r registered office address	city. and complete performance egistered agent. Or, if this , I hereby confirm that the	
			08/22	/05	
—(Sig	mature of Registered Agent)	 	(Date)	
If signing on bel	half of an entity:				
Chase Law O	·				
T	vned or Printed Name)				

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