## P04000172557

(Re	equestor's Name)				
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(Cit	ty/State/Zip/Phon	e#)			
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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(DC	cument Number)				
Certified Copies Certificates of Status					
Consid Instructions - t-	Filing Officer				
Special Instructions to	ruing Officer:				
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Office Use Only



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SECRETARY OF STATE TALL AHASSEE FOR STATE

R.A.

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JUN - 3 2010

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: INSPIRED HOLDINGS, INC  Name of Corporation
DOCUMENT NUMBER: P04000172557
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:
Margaret Pas Name of Contact Person
Name of Contact Person
Inspired Holdings INC.
Firm/Company
4P.O. BOX 2786. Address
Address
City/State and Zip Code
E-mail address: (to be used for future aroual report notification)
For further information concerning this matter, please call:
Margaret Pas. 167 1228011
Margaret Pas.  Name of Contact Person  at (407) 422-8911  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

statement of chan	rovisions of sections 607.0502, ge is submitted for a corporati to change its registered office	ion organized under the laws o	f the State of 📙	Torida
1. The name of th	e corporation: Inspired	d Holdings, INC.		
2. The principal o	0.0	washington St.		
	Orland	60, FL 32802		
3. The mailing add	dress (if different): PO	BOX 2786 ardo, Fl 32801		
4. Date of incorpo	oration/qualification: 12/2	8/2004 Document num	ber: <u>P0400</u>	0172557
	nent of State: (If resigned, enter	er resigned)		the
_	Corporation S	Service Compan	<del>y</del>	
_	1201 Hays	St.	N A I	201
-	Tallahasse	e, FL 32301	L CREE	
6. The name and s (if changed):	street address of the new regist		registered office F.F.C.	
_			<u>4 %</u>	: 53
-	<u> 408 E, 1</u>	Vashmaten St.		<del>-</del>
-	Orland	O. FL 37802	2	
The street addres as changed will b	s of its registered office and to identical.	he street address of the busine	ess office of its i	egistered agent,
Such change was authorized by the	authorized by resolution duly board, or the corporation has	y adopted by its board of dire s been notified in writing of th	ctors or by an of he change.	fficer so
- Hay I	of an officer ordifector	· ·	Henson typed name and title	President
I hereby accept the I further agree to of my duties, and document is bein corporation has be	he appointingnt as registered comply with the provisions of I am familiar with and accep g filed merely to reflect a cha been notified in writing of this	agent and agree to act in this	s canacity	lete performance agent. Or, if this confirm that the
Kent	offer		5-27-10	).
v	iture of Registered Agent		Date	
If signing on beh				
Heather	Henson :	<u> </u>		
тур	ed or i tunga manuc			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

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