

P05000008745

(Requestor's Name)

*Splinter's Edge
8480 Oak Bluff Dr.
Orlando, FL 32827*

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

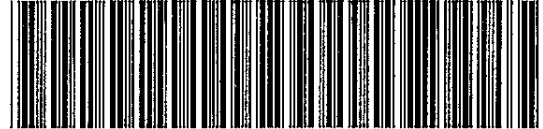
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400056971294

07/05/05--01048--018 **25.00

08/15/05--01003--003 **10.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG 11 PM 3:37

FILED

*RA Chg.
SF*



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 11, 2005

SPLINTER'S EDGE, INC.
8480 OAK BLUFF DR.
ORLANDO, FL 32827

SUBJECT: SPLINTER'S EDGE, INC.
Ref. Number: P05000008745

We have received your document for SPLINTER'S EDGE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 505A00045637

RECEIVED
05 AUG 11 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPLINTER'S EDGE
(Name of corporation)

DOCUMENT NUMBER: POS 00000 8745

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:

Julio Elvin Cinton
(Name of contact person)

(Firm/Company)

8480 Oak Bluff Drive
(Address)

Orlando FL 32827
(City/state and zip code)

For further information concerning this matter, please call:

Zaida Cabrera at (321) 947-7572
(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
409 E. Gaines Street
Tallahassee, FL 32399

**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: SPLINTER'S EDGE, INC.
2. The principal office address: 8480 Oak Bluff Drive
Orlando, FL. 32827
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/18/05 Document number: P05 00000 8745
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Business Filings, INC.
1203 Governors Square Blvd. Ste. 101
Tallahassee, FL. 32301-2960

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

Julio Edwin Cintron
8480 Oak Bluff Drive
(P.O. Box NOT acceptable)
Orlando, FL. 32827

05 AUG 11 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Zaida Cabrera
(Signature of an officer or director)

ZAIDA CABRISA
(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.

Julio Cintron
(Signature of Registered Agent)

7/21/05
(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