## P0500014034

| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Certified Copies                        |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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## **COVER LETTER**

| Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| EDDY CHAN'S INC   |  |  |  |  |  |
| SUBJECT: EDDY CHAN'S, INC  (Name of Corporation)  |  |  |  |  |  |
| DOCUMENT NUMBER: P05000014034   |  |  |  |  |  |
| 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:                     |  |  |  |  |  |
| TIM MI IDDAY  |  |  |  |  |  |
| TIM MURRAY (Name of Contact Person)   |  |  |  |  |  |
| (Nume of Contact Person)  |  |  |  |  |  |
| EDDY CHAN'S, INC  |  |  |  |  |  |
| (Firm/Company)  |  |  |  |  |  |
|   |  |  |  |  |  |
| P. O. BOX 940295  |  |  |  |  |  |
| (Address)   |  |  |  |  |  |
| •   |  |  |  |  |  |
| MAITLAND, FLORIDA 32794-0295  |  |  |  |  |  |
| (City/State and Zip Code)   |  |  |  |  |  |
| For further information concerning this matter, please call:                                  |  |  |  |  |  |
| TIM MURRAY at ( 407 ) 687-8272  |  |  |  |  |  |
| TIM MURRAY at (407) 687-8272  (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  Street Address: Amendment Section                         |  |  |  |  |  |
|   |  |  |  |  |  |
| Division of Corporations  Division of Corporations  |  |  |  |  |  |
| P.O. Box 6327 Clifton Building  |  |  |  |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301                      |  |  |  |  |  |
| rananassee, PL 32301  |  |  |  |  |  |

TO: Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH . FOR CORPORATIONS

| statement of char   | provisions of sections 607.0502, 617.0502,<br>nge is submitted for a corporation organiz   | ed under the laws of the State of Fl  | ORIDA  |  |
|---|--|---|--|--|
| in order  | to change its registered office or register  | ed agent, or both, in the State of Flor   | rida.  |  |
| 1. The name of the  | he corporation: EDDY CHAN'S INC.   |   |  |  |
| 2. The principal  | office address: 620 CROWN OAK CENTE  | RE SUITE 104  |  |  |
| LONGWOOD,, FLORIDA 32750  |  |   |  |  |
| 3. The mailing ac   | ddress (if different): P. O. BOX 940295  |   |  |  |
|   | MAITALND, FLORID   | DA 32794-0295   |  |  |
| 4. Date of incorp   | oration/qualification: 01/24/05  | Document number: P0500001   | 4034   |  |
| 5. The name and Florida Depart  | street address of the current registered ago<br>truent of State:   | ent and registered office on file with  | the  |  |
|   | TIMOTHY MURRAY   |   |  |  |
|   | 3220 DEER CHASE RUN  |   |  |  |
|   | LONGWOOD, FLORIDA 32779  |   |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  |   |  |  |
|   | TIMOTHY MURRAY   |   | FILE<br>MAR 20<br>MASSE                                    |  |
| 620 CROWN OAK CENTRE SUITE 104 #6 M   |  |   |  |  |
|   | (P.O. Box NOT acceptable) LONGWOOD, FLORIDA 32750  |   | PH X   |  |
|   |  |   |  |  |
|   | ss of its registered office and the street a be identical.   |   |  |  |
| Such change wa<br>authorized by th  | is authorized by resolution duly adopted<br>be board, or the corporation has been not  | by its board of directors or by an o ified in writing of the change.  | fficer so  |  |
|   | re of an officer or director)  | (Printed or typed name and title  |  |  |
| I hereby accept I further agree I of my duties, an document is bei corporation has                              | the appointment as registered agent and<br>to comply with the provisions of all statu<br>d I am familiar with and accept the oblig<br>ng filed merely to reflect a change in the<br>been notified in writing of this change. | l agree to act in this capacity.<br>tes relative to the proper and comp<br>gation of my position as registered<br>registered office address, I hereby | lete performance<br>agent. Or, if this<br>confirm that the |  |
| `\_`  | gnature of Registered Agent)   | 3/19/08   |  |  |
|   |  | (Date)  |  |  |
| If signing on be  | half of an entity:   |   |  |  |
|   | yped or Printed Name)  |   |  |  |
| ,   | **   |   |  |  |

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