P0500036504

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	-	





300102546693

07/03/07--01008--007 **242.50

O7 JUL -3 PM 1: Q4
SECRETARY OF STATE
SECRETARY FLORID

PACMS, \$ 35 7/3

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: 360 MCNAB GCILLE INC. (Name of Corporation)			
DOCUMENT NUMBER: <u>P050000 36504</u>			
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:			
Kerry Nealon (Name of Contact Person)			
(Name of Contact Person)			
360 MCNAB Galle Jac (Firm/Company)			
360 E. MCNAB RD (Address)			
Pompano Beach FL 33060 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Kerry Mealon at (954) 942-5203 (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
1. The name of the corporation: 360 MCNAG GCINE INC.
2. The principal office address: 360 E. MCNAS RD
Pompano Beach FL. 33060
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/9/2005 Document number: P050000 3650
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Sven Jutz
360 East MCNAS RD 70 0
Pompono Beach fr 33060
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kerry Heavon
Kerry Heavon 360 Fast McN AB RD (P.O. Box NOT acceptable)
Pomparo Beach Fl 37060
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.
(Signature of an officer or director) Kerry Nearon 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.
(Signature of Registered Agent) (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

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