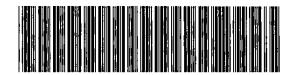
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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions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

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TALLATY SSEELFLORIDA

OCT 1 6 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: WILLIAM BETTS, INC. Name of Corp	oration .		
DOCUMENT NUMBER: POS 0000 447	98		
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
WILLAMD BET	CTS JR		
Name of Contac	et Person		
Why Bers IHC Firm/Company			
Firm/Comp	pany		
r o cor sa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Address	KIME		
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call	:		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Departme	ent of State.		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32314	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, statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: WILLIAM BETTS INC	
2. The principal office address: 5 BLACK OAK LANES	
KIHHELON HJ, 07405	 .
3. The mailing address (if different):	
4. Date of incorporation/qualification: 03 24 2005 Document number: R050000 4	14798
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
AGENIS AND CORPORMIONS, INC	
300 KIFTH AVEHUE SOUTH, SUITE 101-330	7A.E. 13
HAPLES, FL 34102	100 170 170 170 170 170 170 170 170 170
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	JARY C
GERTRUDE SKIMNER	OF STATE
14135 GREENTREY DR P.O. BOX NOT acceptable	ATE AIDA
WELLHOTON FL 33414	
The street address of its registered office and the street address of the business office of its register as changed will be identical.	ed agent,
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 WILLIAM D BETTS JR Printed or typed name and title	DPST
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 regis agent. Or, if this document is being filed merely to reflect a change in the registered office address hereby confirm that the corporation has been notified in writing of this change.	tered s, I
Signature of Registered Agent 10/14/13 Date	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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