

P05000066158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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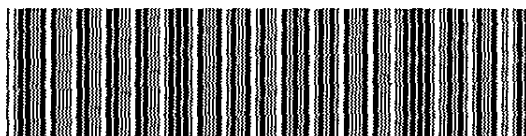
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

KACW
7-13-06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brad Felten Adjusting, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000066158

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:

Brad Felten
(Name of Contact Person)

Brad Felten Adjusting, Inc.
(Firm/Company)

12110 Beagle Rd. (current address)
(Address)

Hudson, FL 34667
(City/State and Zip Code)

For further information concerning this matter, please call:

Brad Felten at (727) 207-3727
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2006

BRAD FELTEN
12110 BEAGLE RD
HUDSON, FL 34667

SUBJECT: BRAD FELTEN ADJUSTING, INC.
Ref. Number: P05000066158

We have received your document for BRAD FELTEN ADJUSTING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 506A00040558

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Brad Felten Adjusting, Inc.
2. The principal office address: 12110 Beagle Rd. Hudson, FL 34667
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 05/02/05 Document number: P05000066158
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Brad Felten
12110 Beagle Rd.
Hudson, FL 34667

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 13 AM 9:31

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

Brad Felten
12303 Katherwood St.
(P.O. Box NOT acceptable)
Spring Hill, FL 34608

RF.

(new agent & office)

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.

Brad Felten
(Signature of an officer or director)

Brad Felten / 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.

Brad Felten
(Signature of Registered Agent)

06/06/06
(Date)

If signing on behalf of an entity:

Brad Felten
(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

CR2E045 (8/05)