PO5000076091

•		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne) .
(Do	cument Number)	
Certified Copies	_ 😅 Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use On	lv



900161463689



10/13/09--01040--015 **35.00

FILED FILED SERVISSERS SAID

10K 10/14/09

COVER LETTER

SUBJECT:	padajacaba Name of Co	, inc.	
· · · · · · · · · · · · · · · · · · ·	Name of Co	rporation	
DOCUMENT NUMBI	ER:P050	00076091	
The enclosed Statement	of Change of Registered Office	Agent and fee are submitte	ed for filing.
Please return all corresp	ondence concerning this matter	to the following:	
	Casey:R Name of Con	ingleya	
	padajaca Firm/Coi	ba, inc.	
	217 N 12th S	st APT 116	
	Addre		ww.
	Tampa, Fl	Zip Code	
-	padajacaba@y nail address: (to be used for fu	/ahoo.com	
E-n	nail address: (to be used for fu	ture annual report notific	cation)
For further information	concerning this matter, please ca	dl:	
Ca	sey Ringley Contact Person	at (941)	284-3165
Name of	Contact Person	Area Code & Daytim	ne Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Departr	nent of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Sec	rtion
	Division of Corporations	Division of Cor	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Tallahassee, FL	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH . $\dot{\cdot}$. $\dot{\cdot}$.

			607.1508, or 617.1508, Flo d under the laws of the Stat	
in ord	er to change its registere	d office or registered	d agent, or both, in the Stat	e of Florida.
	the corporation: pada		<u></u>	· · · · · · · · · · · · · · · · · · ·
	office address: 217 N	12th St APT 116	<u> </u>	
Tampa, F	L 33602			
3. The mailing	address (if different):			
4. Date of incom	poration/qualification:	05/25/2005	Document number:	P05000076091
	d street address of the cur rtment of State: (If resign		t and registered office on fi	ile with the
	Casey Ringley			
	10528 Waterview	Ct		類 二 下
	Tampa, FL 33615	<u> </u>		
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or registere	Th. 60
	Casey Ringley			
	217 N 12th St APT	7 116 P.O. Box NOT see		
	Tampa, FL 33602	P.O. Box NOT acc	epiable	
The street addr		ce and the street add	dress of the business office	e of its registered agent,
Such change wanthorized by the	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notific	its board of directors or led in writing of the chang	by an officer so e.
Signa	e or an director		Casey Ringle Printed or typed name	3y, OWNEr c and title
I hereby accept I further agree of my duties, an document is bel corporation ha	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to reflec s been notified in writing	istered agent and a isions of all statutes d accept the obligat it a change in the re g of this change.	gree to act in this capacity i relative to the proper an tion of my position as regi gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
Ca	Zil		10/07/2	009
If signing on be	chalf of an entity:	_	Date	
	-			
T	yped or Printed Name	<u></u>		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)