## P05000082178

(Requestor's Name)
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PICK-UP WAIT MAIL
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TO: Amendment Section Division of Corporations
SUBJECT: Leondra TayLor, Inc., (Name of Corporation)
DOCUMENT NUMBER: P05000082178
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:
Leondra Taylor (Name of Contact Person)
Leondra Taylor Inc.
8059 CREEK Bend DRINE
Upsilanti, Michigan 48197 (City/State and Zip Code)
For further information concerning this matter, please call:
Leondra Taylor at (3/3) 595-3322  (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

November 17, 2008

LEONDRA TAYLOR LEONDRA TAYLOR INC. 8059 CREEK BEND DRIVE YPSILANTI, MI 48197

SUBJECT: LEONDRA TAYLOR INC.

Ref. Number: P05000082178

We have received your document for LEONDRA TAYLOR 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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 708A00057426

RECEIVED
2008 DEC 11 AM 8: 00
SECRETARY OF STATE
TALL AHASSEE. FLORIDA-

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

Fursuant 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.
and the second s
1. The name of the corporation: Leondra laylor Inc.
2. The principal office address: 4059 CREEK BEND PRIVE
Vosilanti Michigan 48197
3. The mailing address (if different):
4. Date of incorporation/qualification: 06/07/2005 Document number: 70500082178
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Business tilings Incorporated
1203 Governors Square Bld Suite 10
Tallahassee, FL 32301-2960 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): NANCY WAINWRIGHT
6801 SW 3/+# CT & S
-MIRAMAR EL 33003
(P.O. Box NOT acceptable)
PPRS1
The street address of its registered office and the street address of the business office of its registered general
The street address of its registered office and the street address of the business office of its registered general 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 (Printed or types 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.
Lordra Taylor Movember 7,08 (Signature of Registered Agent)
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

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