

POS000084789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

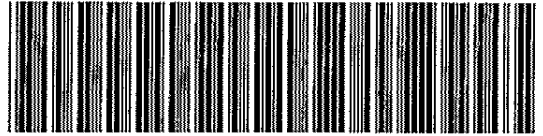
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TO: Amendment Section
Division of Corporations

SUBJECT: ODEH, INC
(Name of corporation)

DOCUMENT NUMBER: P05000084789

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:

NAHIL ODEH
(Name of contact person)

ODEH, INC.
(Firm/Company)

805 N. MASSACHUSETTS AVE. UNIT #3
(Address)

LAKELAND, FL 33801
(City/state and zip code)

For further information concerning this matter, please call:

NAHIL ODEH at (863) 838-2685
(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
409 E. Gaines Street
Tallahassee, FL 32399

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