

P050000091145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800163780048

RA
change

12/21/09--01034--022 **35.00

FILED

2009 DEC 21 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AsR
12/24/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Valley Forge Composite Technologies, Inc.
Name of Corporation

DOCUMENT NUMBER: 05000091145

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:

Roe Brothers
Name of Contact Person

Valley Forge Composite Technologies, Inc.
Firm/Company

50 East River Center Blvd., Suite 820
Address

Covington, KY 41011
City/State and Zip Code

roeb@vfct.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roe Brothers at (859) 581 5111
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

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

1. The name of the corporation: Valley Forge Composite Technologies, Inc.
2. The principal office address: 50 East Rivercenter Blvd., Suite 820
Covington, KY 41011
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 27 June 2005 Document number: 05000091145
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)

Russell C. Weigel III

5775 Blue Lagoon Drive, Suite 100

Miami, FL 33126

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

Jeffrey M. Kirsch

2100 SE Ocean Blvd., Suite 203

P.O. Box NOT acceptable

Stuart, FL 34996

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.

Louis A. Brothers

Signature of an officer or director

Louis Brothers, CEO

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.

[Signature]
Signature of Registered Agent

12/17/09
Date

If signing on behalf of an entity:

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)

FILED
2009 DEC 21 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA