Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060002689593)))



H060002689593ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : THE FARR LAW FIRM

Account Number : 103654001666 Phone : (941)639-1158

Fax Number :

: (941)639-0028

KECENVED 6 NOV-6 AM 8: 00

REGISTERED AGENT CHANGE

SONAMLE, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

12 W

https://efile.sunbiz.org/scripts/efilcovr.exe

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
	he corporation: SONAMLE, INC.	
	office address: 1804 TAMIAMI TRAIL, E-2, PORT CHARLOTTE, FLORIDA 33948	
3. The mailing a	ddress (if different): 24123 PEACHLAND BOULEVARD, C-4, PORT CHARLOTTE, FLORIDA	<u> </u>
4. Date of incom	poration/qualification: AUGUST 4, 2005 Document number: P05000108508	
	street address of the current registered agent and registered office on file with the timent of State:	' يم
	SAMUEL W. SCOTT	8
	24123 PEACHLAND BOULEVARD, C-4	2006 HOY -6
	PORT CHARLOTTE, FLORIDA 33954	ò
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	PH
	JACK O. HACKETT II	7
	99 NESBIT STREET	
	(PO. Box NOT acceptable)	
	PUNTA GORDA, FLORIDA 33950	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
Jamue (Signali	SAMUEL W. SCOTT, PRESIDENT (Printed or typed name and title)	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the specified in writing of this change.	
	mature of Registered Agent) //// / (Date)	•
If signing on be	half of an entity:	
	'yped or Printed Name)	
	* * * F1LING 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)