78500110949

(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

Z180



200159536962

08/14/09--01003--009 **35.00

SECRETARY OF STATE

2009 AUG 14 ##11:41

COVER LETTER

TO: Amendment Son Division of Co	ection rporations	
SUBJECT:	GOOD GUY A	ward, Inc
DOCUMENT NUMB	er: <u>P05000110</u>	949
The enclosed Statemen	t of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all corres	pondence concerning this matter to	o the following:
	Samantna Name of Contr	Magy act Person 4
_	Dayroll Cor	ISULFUNTS
_	223 MOTTS	Son Rd
_	Brandon City/State and	FL 33511 Zip Code
E-r	Same Day Oll Connail address! (to be used for fut	SUL OUTS. COM ure annual report notification)
For further information	concerning this matter, please ca	H:
Samartha Name o	Hagy f Contact Person	at (813) USU 5U 8U Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ch	neck made payable to the Departm	ent 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

	=		508, or 617.1508, Florida Sta	المامد فياسم	
	-	-	er the laws of the State of		
in order to	change its registero c	ed office or registered agen	nt, or both, in the State of Flo	rida.	
1. The name of the	corporation:	100d Guy A	Nard Inc		
2. The principal off	fice address: <u>22</u>	3 Morrison R	<u> 2d</u>		
·	Brav	<u>igon FL 33511</u>			
3. The mailing add	ress (if different):	223 Morrisi	m Ra		_
	<u>K</u>	randon FL 3	35511		~
4. Date of incorpora	ation/qualification: _	8110105 00	cument number: <u>P05</u> (XXX 110941	\subseteq
	reet address of the cuent of State: (If resig		registered office on file with	the	
_	Frank	landeboe W	JR.		
	710 Oaks	ield Dv. Ste 10	1		
_	Brandor	1 FL 33511	***************************************	- 1 .,	
6. The name and str	reet address of the ne	w registered agent (if chan	ged) and /or registered office	2009 AUG SECRET	
(if changed):	u'),		AUG RE 1	cpt:
	Frank	van DeBoe,) <u>P</u>	71 L 1329	r
	223 M	orrison Rd		OF S	Γ
		P.O. Box NOT acceptable		21.5 41.5 41.6	
	<u> </u>	on FL 33511		8 €	
The street address on the street address of	of its registered offi identical.	ce and the street address of	of the business office of its i	registered agent,	
Such change was a authorized by the b	uthorized by resolu loard, or the corpora	tion duly adopted by its be stion has been notified in	oard of directors or by an of writing of the change.	fficer so	
Signature of	an officer or director		Frank Van VBOC	, President	H
_		gistered agent and agree to visions of all statutes related ad accept the obligation of the change in the register of this change.	o act in this capacity, ive to the proper and compl f my position as registered of red office address, I hereby	lete performance agent. Or, if this confirm that the	
AG.			glinina		
Signatur	re of Registered Agent		Date		
f signing on behalf	f of an entity:				
Frank	- Van Deboc				
Typed	or Printed Name				

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