

PD5000116508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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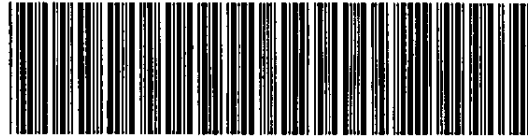
(Business Entity Name)

(Document Number)

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JUL 24 2013

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **EDWARD S MCKENNA INC**

Name of Corporation

DOCUMENT NUMBER: **P05000116508**

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:

EDWARD S MCKENNA

Name of Contact Person

EDWARD S MCKENNA INC

Firm/Company

1391 NW St. Lucie West Blvd., #297

Address

Port St. Lucie, FL 34986

City/State and Zip Code

EDMCKENNAINC@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD S MCKENNA

Name of Contact Person

at (**772**) **460-9270**

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: EDWARD S MCKENNA Inc.
2. The principal office address: 45 Aqua Ra Rd., Jensen Beach, FL 34957
3. The mailing address (if different): 1391 NW St. Lucie West Blvd. #297
Port Saint Lucie, FL 34986
4. Date of incorporation/qualification: 8/15/2005 Document number: P05000116508
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)

EDWARD S MCKENNA

5336 CONLEY DR

PORT ST LUCIE, FL 34986

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

EDWARD S MCKENNA

45 Aqua Ra Rd.

P.O. Box NOT acceptable

Jensen Beach, FL 34957

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.

Edward S McKenna
Signature of an officer or director

EDWARD S MCKENNA

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.

Edward S McKenna
Signature of Registered Agent

7/15/2013
Date

If signing on behalf of an entity:

EDWARD S MCKENNA

Typed or Printed Name

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