

PD5000127691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

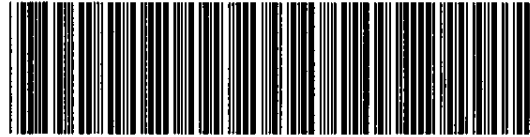
(Business Entity Name)

(Document Number)

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102 SEP 20 PM 1:35

RA/RD/chg
@ 9/20/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MELODY H RICHARDSON INC.
Name of Corporation

DOCUMENT NUMBER: P05000127691

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:

MELODY RICHARDSON
Name of Contact Person

Melody H Richardson Inc
Firm/Company

2840 Ashley Dr East #H
Address

West Palm Bch FL 33415
City/State and Zip Code

maid.in.usa.mh@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melody Richardson at 561 659-9072
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

RECEIVED

12 SEP 20 AM 10:39

CR2E005 (8/05)
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2012

MELODY RICHARDSON
MELODY H. RICHARDSON INC.
2840 ASHLEY DR., EAST #h
WEST PALM BEACH, FL 33415

SUBJECT: MELODY H. RICHARDSON INC.
Ref. Number: P05000127691

We have received your document for MELODY H. RICHARDSON INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the new registered agent name and location in part 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 412A00022592

**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: MELODY H RICHARDSON INC
2. The principal office address: 2840 Ashley Dr East #11
West Palm Bch, FL 33415
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8-5-05 Document number: P05000127691

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)

~~Melody H Richardson~~ M.H. Richardson
1171 SW 17th St
Boca Raton, FL 33486

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

Melody H Richardson
2840 Ashley Dr East #11
West Palm Bch, FL 33415
P.O. Box NOT acceptable

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.

Melody H Richardson MELODY H RICHARDSON / PRESIDENT
Signature of an officer or director 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.

Melody H Richardson 9-19-12
Signature of Registered Agent 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)