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	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: (Name of Corporation)
DOCUMENT NUMBER: PO 5 000   31 205
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:
(Name of Contact Person)
(Firm/Company)
5671 W. Justin Court
Nomosasa F 34448 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 395-1730 (Area Code & Daytime Telephone Number)
Englaced is a \$35.00 check made narrable to the Department of State

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

statement of change is submitted for a corporation organized under the laws of the State of 100/Cl (A
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
2. The principal office address: POBOX 500832 Marathon, F1 33050 (Old)
3. The mailing address (if different): 264 (). Slave prive, Machon, f) 33050
4. Date of incorporation/qualification: 9 2 200 Document number: 40500 31205
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Till Williams
264 W Spaview Drive
marthon, F) 330SO
Jillwilliams  24 W Staview Dyiw  Marthon, F) 33050  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Jillwilliams  6. Oh Williams
(P.O. Box NOT acceptable)  NOMO(NSG, F) 3444
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.
(Signature of an officer or director)  The William (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 of Registered Agent)  Jill William (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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