## P05000/5/687

(Re	equestor's Name)	
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## **COVER LETTER**

SUBJECT:  (Name of Corporation)  DOCUMENT NUMBER:  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)  (Pirm/Company)  3300  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Dayting Telephone Number)	TO: Amendment Section Division of Corporations
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)  (Pirm/Company)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  at (SSO) 727-5345	
Please return all correspondence concerning this matter to the following:  (Name of Contact Person)  (Pirm/Company)  (Address)  For further information concerning this matter, please call:  at (SS), 777-5345	DOCUMENT NUMBER: POSO 15 105 T
City/State and Zip Code)  For further information concerning this matter, please call:  at (850) 722-6345	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Haddensy)  3300 NE (Address)  Address)  For further information concerning this matter, please call:  at (SS) 227-5365	Please return all correspondence concerning this matter to the following:
3300 NE 1915 STVLL 513  AVLATURA FL 33180  (City/State land Zip Code)  For further information concerning this matter, please call:  at (950) 777-6365	Name of Contact Person)  On Alexander Services
For further information concerning this matter, please call:  at (950) 777-6365	(Pirm/Company)
For further information concerning this matter, please call:  at (850) 222-6345	3300 NEJAIST STYLLET 513
Jennie hictor at (850) 722-6365	AVentura FL 33180 (City/State land Zip Code)
	For further information concerning this matter, please call:
	(Name of Contact Person) at (SSD), 727-5365 (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 + LOY IU G
	in order to change its registered office or registered agent, or both, in the State of Florida.
M	1. The name of the corporation:
D D	2. The principal office address: 300 NE 1918 St. #515
1	TNINTING, + 1 33180
4	3. The mailing address (if different): 131 MONY OCT.
	4. Date of incorporation/qualification: 11 5 6 Document number: +050005108
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
	annie hite
	2300 NE 101ST ST #512
	Tallaham as St. 2 27
	- LUIVINGS OF TEL SUPER TO
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
	- thnie hieter
	1931 NI MONYOR ST. SE S
	(P.O. Box NOT acceptable)
	- Carland PC 3000
	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.
	Sonie hieter
	(Signature of in office of director)  Thereby accept the appointment as registered agent and agree to act in this capacity
	I hereby accept the appointment has 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 Lam familiar with and accept the obligation of my position as registered agent. Or, if this document is being filled merely to reflect a change in the registered office address. I hereby confirm that the corporation has been polified in writing of this change.
	corporation has been notified in writing of this change.
	110100
	(Signature of Registered A) (Date)
	If signing on behalf of an entity:

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