

P06000011479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

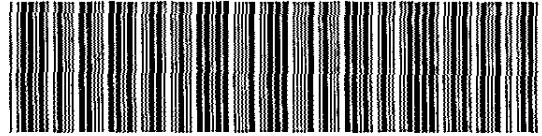
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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10-22-07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Network Yourself Incorporated
(Name of Corporation)

DOCUMENT NUMBER: P06000011479

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:

THOMAS P. CARROLL
(Name of Contact Person)

GENERAL BUSINESS SERVICES
(Firm/Company)

12412-101 SAN JOSE BLVD
(Address)

JACKSONVILLE, FL. 32223
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Willis at (904) 260-1099
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2007

THOMAS P. CARROLL
12412-101 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

SUBJECT: NETWORK YOURSELF INCORPORATED
Ref. Number: P06000011479

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

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 607A00060269

RECEIVED
2007 OCT 22 AM 8:00
TALLAHASSEE, FLORIDA
DIVISION OF STATE

**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: Network Yourself Incorporated
2. The principal office address: 3303 Yanlee Lane, Jacksonville, Florida 32223
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/24/06 Document number: P06000011478
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Business Filings Incorporated

1203 Governors Square Blvd., Suite 101

Tallahassee, Florida 32301

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

Thomas P. Carroll *

12412-101 San Jose Blvd

(P.O. Box NOT acceptable)

Jacksonville, Florida 32223

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.

Eugene V
(Signature of an officer or director)

Eugene Vroman
(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.

Thomas P. Carroll
(Signature of Registered Agent)

9/24/07
(Date)

If signing on behalf of an entity:

Thomas P. Carroll
(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)

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TALLAHASSEE, FLORIDA