(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700076135437

06/19/06--01047--024 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CON Creke ON Demand	n)
DOCUMENT NUMBER: PO60003765	5
The enclosed Statement of Change of Registered Office/Agent a	
Please return all correspondence concerning this matter to the fo	
Harold Hudson Name of Contact Pers	on)
(Firm/Company)	
2109 Bayon Blyd. (Address)	
Pensarola, FL 3250 (City/State and Zip Co	<u>93</u> de)
For further information concerning this matter, please call:	
Harold HudSon at (8) (Name of Contact Person)	250 433 - 3940 rea Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of S	
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
and second of the second of	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
1. The name of the corporation: (ONCYETE ON DEMANDE) 2. The principal office address: CR 329, Ray CITY, GA 31645
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 3-14-2006 Document number: P0600037655
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Hale Tripp C.
8024 Lorraine St.
Jackson ville, FL 32208
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Hudson Harold
2109 Bayou Blvd.
Pensarsla FL 32503
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.
Usual Grobe Harold Hudson, Pres. (Signature of an officer or director) Harold Hudson, Pres. (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) (Date)
If signing on behalf of an entity:
Harold Hudson (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)