## P06000044847

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations
SUBJECT: Felton Tive & Autor (Name of Corporation)  DOCUMENT NUMBER: PO 60000 44847
DOCUMENT NUMBER: PO 60000 44847
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)
1840 5- M. T. Fang Trail (Address)
West Polin Beach, A 33415 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (SO) 3/8-0252 (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

TO:

**Amendment Section** 

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502,				)
	nge is submitted for a corporation to change its registered office o				<u>~</u>
1. The name of th	ne corporation:	Hon T.	ire +	Auto	
2. The principal of	office address: 1840	5. m.	7, tary 7	~/a//	
-,	West Palm	Beach	FL 33	915	
3. The mailing ad	ldress (if different):			<del></del>	
4. Date of incorpo	oration/qualification: $\frac{3}{2}$	-∞6 Docum	nent number: PC	60000 44	847
5. The name and	street address of the current regi			with the	14.
Florida Depart		· /	12	860 860 860	<u> </u>
	•	T Fee		— ŘETA	<u> </u>
-		cohery t	Place	- RY	
•	Jup. Fer	, FL 33	458	of ST	Tale
6. The name and (if changed):	street address of the new registe	ered agent (if changed	l) and /or registered	office State	
_	Tracy	R, 7e	<u></u>		
	1840 S	mil.	Fare Tra	7	
-	(P.O. Box NOT	acceptable)		<u> </u>	
-	West Pala	n Beach	, H 339	<u> </u>	
The street addres as changed will be	s of its registered office and the identical.	e street address of th	ne business office o	f its registered age	nt,
Such change was authorized by the	authorized by resolution duly board, or the corporation has	adopted by its board been notified in writ	d of directors or by ing of the change.	an officer so	
		Albr	ey Felten	Preside	-1+
I hereby accent to	e of an officer or director) he appointment as registered a	ngent and agree to a	ct in this canacity		
I further agree to of my duties, and document is bein	comply with the provisions of I am familiar with and accept g filed merely to reflect a chan been notified in writing of this	all statutes relative the obligation of my see in the registered	to the proper and o position as registe office address, I he	complete performant ered agent. Or, if the ereby confirm that t	ıce his he
	1/6	<del></del> -	1/18/0	P	
(Sign	ature of Registered Agent)	<del></del>	(Date)	<u> </u>	-
If signing on beh	alf of an entity:				
	ned or Printed Name	_			
(1y	ped or Printed Name)				

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