## 06000055317

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P.A. Charge G. Coullierro APR 2 6 2006



ACCOUNT NO. : 072100000032 REFERENCE : 055350 7515532 AUTHORIZATION ( COST LIMIT ORDER DATE: April 24, 2006 ORDER TIME : 11:07 AM ORDER NO. : 055350-005 CUSTOMER NO: 7515532 CHANGE OF AGENT NAME: MASSIE CORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX \_\_ PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Troy Todd -- EXT# 2940

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ange is submitted for a corporation organized under the laws of the State of Florier to change its registered office or registered agent, or both, in the State of Flori	rida	<del></del>	
	the corporation: Massie Corporation			
	l office address: P.O. Box 25916			
z. me pratospar	Sarasota, FL 34277-2916 US			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/19/2006 Document number: P060000553	317		
	d street address of the current registered agent and registered office on file with the	ıe .		
	Jeffrey H Massie	ALL	2001	
2175 Sunnyside Lane		AHASSEI	1006 APR 26	
	Sarasota, FL 34239	SSEE		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	FLORIE	PH 2: 09	Ö
	Corporation Service Company	Ā	ယ်	
	1201 Hayes Street			
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301-2525			
The street address changed will	ess of its registered office and the street address of the business office of its related to the identical.	gistered	agent,	
Such change wa	as authorized by resolution duly adopted by its board of directors or by an offi he board, or the corporation has been notified in writing of the change.	icer so		
	Jeffrey H. massie	ζζ.	deman/	CEO
I hereby accept I further agree of my duties, an document is bei corporation has  (Si	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby consider the proper and complete the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby considered in writing of this change.  The Registered Agent (Date)		mance, if this rat the	
	Typed or Printed Name)			

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