

PO60000070035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected documents
by telephone call
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07 JUN -6 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2007

JANNA THOMAS
ARTHUR MURRAY DANCE STUDIO
11018 ST AUGUSTINE RD #110
JACKSONVILLE, FL 32257

SUBJECT: A&J STARLITE CENTER, INC.
Ref. Number: P06000070035

We have received your document for A&J STARLITE CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please list registered agent name in #6 on the form.

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) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 907A00036785

RECEIVED
07 JUN -6 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A & J Starlite Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 20-4890258

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:

JANNA THOMAS
(Name of Contact Person)

ARTHUR MURRAY DANCE STUDIOS
(Firm/Company)

11018 St. Augustine Rd. #110
(Address)

JAX, FL 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

JANNA THOMAS at 904, 880-0700
(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

**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: AET STARLITE CENTER, INC.
2. The principal office address: 204 SEVEN DOOR LANE
ST. AUGUSTINE, FL 32095
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5-17-06 Document number: P06000070035

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Robert Wallace
3805 University Blvd W
Jacksonville, FL 32217

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

JANA THOMAS
3471 HERMITAGE Rd. E.
JACKSONVILLE FL 32257
(P.O. Box NOT acceptable)

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TALLAHASSEE, FLORIDA

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.

Jana Thomas
(Signature of an officer or director)

JANA THOMAS VICE-PRESIDENT
(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:

(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)