P0600011001

(Re	equestor's Name)	,, <u> </u>
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		

Office Use Only

RA RO Chs 11.29.00



300081839043

11/27/06--01015--007 **35.00

DIVISION 27 AM II: 02

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Michael Z, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$\int 060007700 (
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:
Arlene Zimmerman (Name of Contact Person)
Michael Z, Mc. (Firm/Company)
12 Capistrano Drive
Ormand Beach, FL 32176 (City/State and Zip Code)
For further information concerning this matter, please call:
Aviene Zimmerman (Name of Contact Person) at (386) 441-3973 (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: Michael Z, Inc.
2. The principal office address: 12 Capistrano Drive
Ormand Beach, FL 32176
3. The mailing address (if different):
·
4. Date of incorporation/qualification: 06/03/06 Document number: P0600077001
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert H. Scott Jr.
338-6 Parque Drive &
Ormond Beach, FL 32174
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Arlene Zimmerman
12 Capistrano Drive (P.O. Box NOT acceptable)
Ormond Beach, FL 32176
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.
Michael H. Zimmerman, President (Signature of an officer or director) Michael H. Zimmerman, President
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.
Willie stainer man 1/1/06 (Righature of Registered Agent) (Date)
If signing on behalf of an entity:

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