

P06000082238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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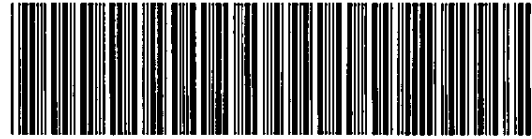
(Business Entity Name)

(Document Number)

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APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB 13 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ST. MORITZ SERVICES, INC**

Name of Corporation

DOCUMENT NUMBER: **P06000082238**

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:

GREGORY BARR

Name of Contact Person

ST. MORITZ SERVICES, INC.

Firm/Company

4616 CLAIRTON BLVD

Address

PITTSBURGH, PA 15236

City/State and Zip Code

GBARR@STMORITZGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREGORY BARR

Name of Contact Person

at (**412**) **885-2100**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ST MORITZ SERVICES, INC.
2. The principal office address: 2054 EAST EDGEWOOD DRIVE, ROOMS #9 & 10
LAKELAND FL 33803
3. The mailing address (if different): 4616 CLAIRTON BLVD
PITTSBURGH, PA 15236
4. Date of incorporation/qualification: 6/15/2006 Document number: P06000082238
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KAREN WEATHERFORD

5553 WEST WATERS AVENUE, SUITE 315

TAMPA, FL 33634

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

LORA ABNEY

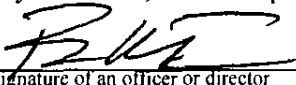
2054 EAST EDGEWOOD DRIVE, ROOMS 9 & 10

P.O. Box NOT acceptable

LAKELAND, FL 33803

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.


Signature of an officer or director

BRIAN K. FISCUS

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

2/6/14
Date

If signing on behalf of an entity:

LORA Abney St. Moritz Security
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

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