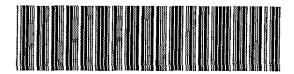
## 206000193299

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	<del>-</del>
(Cit	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400078766714

08/17/06--01018--022 \*\*35.00

Marchard .

06 AUG 17 PH 2: 27



## **COVER LETTER**

TO:	Amendment Section Division of Corporations	~
SUBJI	ECT: ALL JACK'D UP ATVS INC (Name of C	orporation)
DOCU	JMENT NUMBER: P06000093299	
The en	closed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
	KENNETH GAINES	
	(Name of Co	ntact Person)
	ALL JACK'D UP ATVS INC	
	(Firm/Co	mpany)
	12798 SW 98TH ST (Add	
	(Add	ress)
	DUNNELLON FL 34432	
	(City/State ar	•
For fur	rther information concerning this matter, please of	eall:
KENN	(Name of Contact Person)	at (352) 427-6742 (Area Code & Daytime Telephone Number)
	(Name of Condot i dison)	(And occur to Day time 10 septions 10 septions
Enclos	ed is a \$35.00 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
	•	Tallahassee, FL 32301

## 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 Statutes, this english is submitted for a corporation organized under the laws of the State of FLORIDA
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	he corporation: ALL JACK'D UP ATVS INC
2. The principal	office address: 4010 SW 131 PL RD OCALA, FL 34473
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 07/13/2006 Document number: P06000093299
	street address of the current registered agent and registered office on file with the truent of State:
	KENNETH GAINES
	4010 SW 131 PL RD
	OCALA, FL 34473
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	KENNETH GAINES
	12798 SW 98TH ST
	(P.O. Box NOT acceptable)
	DUNNELLON, FL 34432
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Kenyth	KENNETH GAINES/PRESIDENT (Printed or typed name and title)
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Koures	of Sain Stolay
	mature of Registered Agent) (Date)  half of an entity:
<u> </u>	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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