

PO600095511

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : AROUND THE CLOCK CONSULTING, INC.
Account Number : I20070000150
Phone : (954) 731-9737
Fax Number : (954) 731-5413

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

CHARLES MICHAEL CO.

Certificate of Status	1
Certified Copy	0
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PA Change
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3/24/2008

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Charles Michael, Co.
(Name of Corporation)

DOCUMENT NUMBER: D 0600009.5511

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:

LAMARRIS Cooper
(Name of Contact Person)

(Firm/Company)

5435 Hurley Ave
(Address)

North Port FL 34288
(City/State and Zip Code)

For further information concerning this matter, please call:

LAMARRIS Cooper at (954) 731-9737
(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

CR2E045 (8/05)

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: Charles Michael Co.
2. The principal office address: 3511 W Commercial #402
Ft. Lauderdale FL 33309
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/19/06 Document number: P06000095511
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

COOPER, LAMARRIS
8421 NW 28th
Sunrise FL 33322

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

COOPER, LAMARRIS
5435 Hurley Ave
(P.O. Box NOT acceptable)
North Port FL 34288

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.

Rony Etienne
(Signature of an officer or director)

Rony Etienne / 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]
(Signature of Registered Agent)

3/24/08
(Date)

If signing on behalf of an entity:

Rony Etienne
(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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