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(Requestor's Name)	
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(Address)	<u> </u>
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	1
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Special Instructions to Filing Officer:	
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COVER LETTER

TO:

	COVER LETTER	
TO: Amendment Section Division of Corporations		1 50
SUBJECT: Deland U P		A Day
DOCUMENT NUMBER: SD1	Name of Corporation 024778	پ
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence co	ncerning this matter to the following:	
Pattricia	D. Kitchen	
Deland	Name of Contact Person U Pull It	
	Firm/Company	
1030 S. A	Amelia Avenue	
Deland,	Florida 32724	

City/State and Zip Code

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

For further information concerning this matter, please call:

tkitchen509@gmail.com

Pattricia D. Kitchen

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

* ' 11	07,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this corporation organized under the laws of the State of Florida
	ed office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Delan	S Amelia Avenue
2. The principal office address: 1030	S. Affiella Avenue
Deland, Florida 32724	O. P 744242 Orange City Florida 22774
3. The mailing address (if different)	O. Box 741313, Orange City, Florida 32774
	Document number: SD1024778
 	
Florida Department of State: (If resign	urrent registered agent and registered office on file with the med, enter resigned)
Tricia D. Kitcher	n
620 Hamilton Av	venue
Orange City, Flo	orida 32763
6. The name and street address of the ne (if changed): Pattricia D. Kitcl	ew registered agent (if changed) and /or registered office
, 620 Hamilton A	
	venue P.O. Box NOT acceptable orida 32763
Orange City, Flo	orida 32763 မ
The street address of its registered offi as changed will be identical.	ice and the street address of the business office of its registered agent,
Such change was authorized by resolut authorized by the board, or the corpora	tion duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
ChalaB. Kitchen	Charles B. Kitchen President
I hereby accept the appointment as res I further agree to comply with the prov performance of my duties, and I am far avent. Or, if this document is being fil	Printed or typed name and title gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I as been notified in writing of this change.
Tattone Signifure of Resistered Agent	08-29-17
If signing on behalf of an entity:	
Pattricia D. Kitchen	
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