P00000157039

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
. PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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**35.00

07 JUL 19 PH 2: 41

Office Use Only

Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT:	Families First Fo					
DOCUMENT	NUMBER: P06000157039	· · · · · · · · · · · · · · · · · · ·				
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:						
	Glenn Shel	lev				
	(Name of Cor					
	Families First Forv	varders, Inc.				
	(Firm/Co	mpany)				
	113 Hollywood	Blvd. NW				
(Address)						
	Fort Walton Beach	FI 32548				
Fort Walton Beach, FL 32548 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Jenny Papp	as	_at (850) 244-7661				
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.						
<u> </u>	Mailing Address: Amendment Section	Street Address: Amendment Section				
1	Division of Corporations	Division of Corporations				
/	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
	v	Tallahassee, FL 32301				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 613 ange is submitted for a corporation o er to change its registered office or r	organized und	der the laws of the State of Flo	orida
	the corporation: Families First Fo		•	au.
	office address: 113 Hollywood B		Fort Walton Beach, FL 32	<u> </u>
2. The principal	office address.		Total Trailor Bodon, 1 E Oz	
3. The mailing a	address (if different): Post Office I	Box 2317	Fort Walton Beach, FL	32549
4. Date of incor	poration/qualification:12/27/06) D	ocument number: P0600015	7039
	d street address of the current registe rtment of State:	ered agent and	I registered office on file with the	ne
	William S. Foster			
	909 Mar Walt Drive #1	014		2
	Fort Walton Beach, FL	32547		SERIES 07 JU
6. The name and (if changed):	d street address of the new registered	d agent (if cha	anged) and /or registered office	SECRETARY OF STATIONS OF JUL 19 PH 2: 44
	Glenn Shelley			2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
113 Hollywood Blvd. NW 두 흥				
(P.O. Box NOT acceptable) Fort Walton Beach, FL 32548				
The street addre			of the business office of its re	aistered agent
_	ess of its registered office and the s I be identical.			
Such change wauthorized by the	as authorized by resolution duly ad he board, or the corporation has be	lopted by its en notified in	board of directors or by an off writing of the change.	icer so
(Signature of an officer or director) Glenn Shelley, President (Printed or typed name and title)				
I further agree of my duties, ar document is be	t the appointment as registered age to comply with the provisions of al nd I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ll statutes rel ne obligation e in the regist	to act in this capacity. ative to the proper and comple of my position as registered a ered office address, I hereby c	ate performance gent. Or, if this onfirm that the
			7/17/07	
·	chature of Registered Agent) chalf of an entity:		(Date)	
	Typed or Printed Name)			

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