

PO7000002938

(Requestor's Name)

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(Business Entity Name)

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R.A. Chq.
C.COULLIETTE

OCT 03 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ~~ABC~~ A+B Movers of Volusia
Name of Corporation

DOCUMENT NUMBER: PO7000002938

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:

LEE ANN BAUGHMAN
Name of Contact Person

A+B Movers of Volusia
Firm/Company

1120 Alladin DR.
Address

Deftona FL 32725
City/State and Zip Code

Jimmy B. Arnold @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE ANN BAUGHMAN at (407) 474-3275
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2011

LEE ANN BAUGHMAN
A & B MOVERS OF VOLUSIA, INC.
1120 ALLADIN DR
DELTONA, FL 32725

SUBJECT: A & B MOVERS OF VOLUSIA, INC.
Ref. Number: P07000002938

We have received your document for A & B MOVERS OF VOLUSIA, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

What are you trying to do with this form, the address you are showing for the registered agent address is the same one we have listed already.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 611A00022280

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**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: A+B Movers of Volusia
2. The principal office address: 1120 Alladin DR
Deltona FL 32725
3. The mailing address (if different): 1120 Alladin DR
Deltona FL 32725
4. Date of incorporation/qualification: 01-08-2007 Document number: P07000002938
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)

James Arnold
1135 Outlook DR
Deltona FL 32725

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

JAMES Arnold
1120 Alladin DRIVE
Deltona FL 32725

P.O. Box NOT acceptable

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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.

Lee Ann Baughman
Signature of an officer or director

LEE ANN BAUGHMAN
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.

James B. Arnold
Signature of Registered Agent

9-22-11
Date

If signing on behalf of an entity:

James B. Arnold
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
CR2E045 (8/05)