## P0700011739

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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Emity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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PALLAHLESSEE FLORIDA

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## **COVER LETTER**

	ent Section of Corporations			
SUBJECT:	VONWAY	INC.	:	
	Name of C	orporation		
DOCUMENT N	UMBER: P070	000017739		
The enclosed Stat	ement of Change of Registered Office	:/Agent and fee are sub	omitted for filing.	
Please return all c	orrespondence concerning this matter	to the following:	·	
M.KEITH VON SOOSTEN				
	Name of Cor	ntact Person		
	VONIM	VINC	į	
VONWAY,INC. Firm/Company				
	Finibe	чирану		
	5643 EAG	LE ORIVE		
Address				
			i	
			j	
MILTON,FL.32570 City/State and Zip Code				
	City/State an	a Zip Code		
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	E-man admess. (to be disention to	mire amost report no	spircation)	
For further inform	ation concerning this matter, please c	all:		
			000 0044	
	EITH VON SOOSTEN	at ( 000 )	623.9911 ytime Telephone Number	
Na	me of Contact Person	Area Couc & Da	yume telephone Number	
Enclosed is a \$35.	00 check made payable to the Departs	ment of State.		
	Mailing Address	Street Addre		
<u>Mailing Address:</u> Amendment Section		Amendment	Section	
	Division of Corporations		Corporations	
	P.O. Box 6327	Clifton Buil	` •	
	Tallahassee, FL 32314	2661 Execu	ive 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: VONWAY, INC. 2. The principal office address: 5643 EAGLE DRIVE MILTON, FL. 32570 3. The mailing address (if different): P070000 02.08.2007 4. Date of incorporation/qualification: Document number: 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) JENNIFER B. VON SOOSTEN **5643 EAGLE DRIVE** MILTON, FL. 32570 The name and street address of the new registered agent (if changed) and /or registered office (if changed): M.KEITH VON SOOSTEN 5643 EAGLE DRIVE P.O. Box NOT acceptable MILTON, FL. 32570 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. 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 at 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. If signing on behalf of an entity:

\* \* \* FILING FEE: \$35,00 \* \* \*

Typed or Printed Name

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