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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: CARLONE REAVES , ADE HOLDING COMPAN	×
2. The principal office address: 2761 APRALOOSA TRAIL	
WELLINGTON, IEL 33414	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 4-10-07 Document number: P 0 7-0-0002	0291
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
FRANT T. ROY	*******
4875 SW 122ND AVE	
<u>4875 5ω 122 NO AVE</u> <u>MIA/MI, FL 33175</u>	<u>.</u>
6. The name and street address of the new registered agent (if changed) and or registered office (if changed):	
FRANKIT. ROY	
2761 ABRATOOSA TRAVE	
(P.O. Box NOT acceptable) WELLINGTON, FL 33414.	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt,
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.	
(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 performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the document is being filed merely to reflect a change in the registered office address, I hereby confirm that a corporation has been notified in writing of this change.	nce this the
(Date)	_
If signing on behalf of an entity:	
(Typed or Printed Name)	

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

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