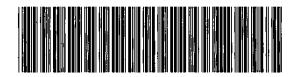
(Re	equestor's Name)	
î		
•		
(Address)		
V		
(Address)		
/Ci	ty/State/Zip/Phon	e #)
. (0)	-, to to - ipr. 11011	·- ·· /
PICK-UP	☐ WAIT	MAII
1 10 K 01	L	
(Business Entity Name)		
(50		****
	<u> </u>	
(Document Number)		
•		
Certified Copies Certificates of Status		
Columba copico		
Special Instructions to	Filing Officer	
opecial instructions to	i ang omoer.	
	•	

Office Use Only



800110592038

10/11/07--01035--006 **35.00

B10/16/07

COVER LETTER

Division of Corporations		
SUBJECT: Christine Sheirbern Inc. (Name of Corporation)		
DOCUMENT NUMBER: PO70000 34584		
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:		
(Name of Contact Person)		
Christine Sheirbin Inc. (Firm/Company)		
Address)		
St. Closed, 1-6 34772 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (407) 968 3959 (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

CR2E045 (8/05)

TO:

Amendment Section

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 <u>Florde</u> in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Christine Sheirburn Inc. 2. The principal office address:____ St. Cloud, FL 34772 3. The mailing address (if different): 4. Date of incorporation/qualification: 03/14/2007 Document number: P0700003458 Y 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Mary Sheirburn 219 Verment Avenue Saint Cloud, FL 34769 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): St. Cloud,

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.

May She is been - regished aget (Signature of an officer or director)

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 feing 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.

(Signature of Reg

If signing on behalf of an entity:

(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)