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| PICK-UP                             | ☐ WAIT                | MAIL     |
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| Certified Copies                    | _ Certificates of     | Status   |
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| Special Instructions to             | Hilling Oπicer:       |          |
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Office Use Only



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SECRETARY OF STATE LLAHASSEE, FLORIDA



## **COVER LETTER**

| SUBJECT: Appliance Express, Inc. (Name of Corporation)  |
|---|
| (Name of Corporation)   |
| DOCUMENT NUMBER: \$0700062812   |
| 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:                     |
| Roger A. Anderson  (Name of Contact Person)   |
| (Name of Contact Person)  |
| Applyance Express, Inc. (Firm/Company)  |
| 4347 gans Ct. (Address)   |
| Wesley Chapel, 72 33543<br>(City/State and Zip Code)  |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:                                  |
| Roy of Susan Anderson at (813) 229-5959 (Area Code & Daytime Telephone Number)                |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |
| Mailing Address: Amendment Section  Street Address: Amendment Section                         |

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section Division of Corporations

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

|  | ections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  |
|--|--|
| • •  | ed for a corporation organized under the laws of the State of Tronika  |
| _  | registered office or registered agent, or both, in the State of Florida.   |
| 1. The name of the corporation   | : Appliance Expres, Inc.<br>503 E. Jackson St. Suite 348   |
| 2. The principal office address:   | 503 E. Jackson St. Suite 348   |
|  | Tampa 72 33602   |
| 3. The mailing address (if diffe   | •  |
| *******  |  |
| 4. Date of incorporation/qualifi   | cation: 5/29/07 Document number: P070000628/2  |
| 5. The name and street address Florida Department of State:  | of the current registered agent and registered office on file with the   |
| <u>Sus</u>   | an Young-Anderson  |
| 1600   | 1 W. County Rd 42, Suite 153   |
| Bun  | 1 W. County Rd 42, Suite 153<br>Sville, 71 55 306  |
| 6. The name and street address (if changed):   | of the new registered agent (if changed) and /or registered office   |
| Sus  | an Johns-Anderson For I  |
| 434  | 47 Yans Ct.  (P.O. Bóx NOT acceptable)   |
| Wes  | les Chyel 72 33543   |
|  | •  |
| as changed will be identical.  | ered office and the street address of the business office of its registered agent,   |
| Such change was authorized by the board, or the  | y resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.  |
|  | Rose-Anderson-Pres/owner (Printed or typed name and title)   |
| (Signature of an officer of d  |  |
| I hereby accept the appointme<br>I further agree to comply with<br>of my duties, and I am familia<br>document is being filed merely<br>corporation has been notified | nt as registered agent and agree to act in this capacity.<br>the provisions of all statutes relative to the proper and complete performance<br>r with and accept the obligation of my position as registered agent. Or, if this<br>to reflect a change in the registered office address, I hereby confirm that the<br>in writing of this change. |
|  | 2-15-2008  |
| (Signature of Registered   | Agent) (Date)  |
| If signing on behalf of an entit   | y.   |
|  |  |
| (Typed or Printed Nar  | ne)  |

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

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