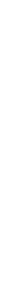
P01000018860

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





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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: 2ND CHAN	CE ENTERPRISES		
DOCUMENT NUMBER:	P07000078860		
The enclosed Statement of Cha-	nge of Registered Office	Agent and fee are submitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	NORTELLE J WILL		
	(,	
A	DVANCED ACCOUN	ITING SERVICES, INC.	
	(Firm/Co	mpany)	
	1583 E SILVER ST		
	OCOEE	, FL 34761	
	(City/State an	d Zip Code)	
For further information concerning this matter, please call:			
NORTELLE J WILLIAMS-BRY	/AN	at (407) 578-9797	
(Name of Conta	ct Person)	at (407) 578-9797 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made	de payable to the Depart	ment of State.	
u.	8PS .	FEDEX	
<u>Mailin</u>	g Address: dment Section	Street Address: Amendment Section	
	on of Corporations	Amendment Section Division of Corporations	
	Box 6327	Clifton Building	
	assee, FL 32314	2661 Executive Center Circle	
***	•	Tallahassee FL 32301	

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: 2ND CHANCE ENTERPRISEES, INC.		
2. The principal office address: 8800 S ORANGE AVENUE		
ORLANDO, FL 32824-7909		
3. The mailing address (if different): 5042 BOATHOUSE DRIVE		
ORLANDO FL 32812		
4. Date of incorporation/qualification: 07/10/2007 Document number: P07000078860		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
KEVIN HART		
5042 BOATHOUSE DRIVE		
ORLANDO, FL 32812		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): LYSTER GONZALES 3809 W PARK ROAD (P.O. Box NOT acceptable)		
LYSTER GONZALES SOLUTION CONTRACTOR CONTRACT		
3809 W PARK ROAD		
(P.O. Box NOT acceptable)		
HOLLYWOOD, FL 33021		
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.		
(Signature of an officer or director) FRANCIS GEORGE-VICE PRESIDENT (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.		
Signature of Registered Agent) (Date)		
If signing on behalf of an entity:		
LYSTER GONZALES		
(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