P07000084378

(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:	
	-

Office Use Only



400108464634

09/04/07--01038--003 **35.00

O7 SEP -4 PHI2: 36
SECRETARY OF STATE ALL AHASSEE, FLORID.

Way I



Toll Free: 1-888-692-6771

Direct/Intf: 1-818-879-9079 | Fax: 1-818-879-8005 e-mail, into@mycorporation.com

August 17, 2007

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: CHANGE OF REGISTERED OFFICE/AGENT:

SOUTHEAST AEROSPACE INSURANCE CORP.

Ladies and Gentlemen:

Please find enclosed for filing two signed originals of the Statement of Change of Registered Office/Agent for the above-referenced entity.

Also enclosed is a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings My Corporation Business Services, Inc. 26520 Agoura Road Calabasas, California 91302

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO POST FORMATIONS AT 888-692-6771.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: FADE FACTORY BARBER SHOP, INC.
	office address: 1160 Redman Street, Apt C., Orlando, Florida 32839
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 07/25/2007 Document number: P07000084378
	d street address of the current registered agent and registered office on file with the thrent of State:
	Vazquez, Theodore
	4069 Goldenrod
	Orlando, Florida 32822
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Theodore Vazquez
	1160 Redman Street, Apt C
	(P.O. Box NOT acceptable) Orlando, Florida 32839
	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
1 (Signation	Theodore Vazquez, President (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Des	Show langung 8/24/67 gnature of Registered Aggrity (Date)
If signing on be	Theodore Varquez chalf of an entity:
· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name)

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