

P07000119172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

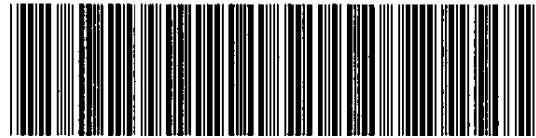
(Business Entity Name)

(Document Number)

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2009 MAR 11 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Change

TB

3/12/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Joshua French Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000119172

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:

Joshua french  
(Name of Contact Person)

Joshua French Inc  
(Firm/Company)

3829 Millenia Blvd #201  
(Address)

Orlando FL 32839  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua French at ( 407 ) 433-7444  
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2009

JOSHUA FRENCH  
3829 MILLENIA BLVD #201  
ORLANDO, FL 32839

SUBJECT: JOSHUA FRENCH INC  
Ref. Number: P07000119172

We have received your document for JOSHUA FRENCH INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 609A00007350

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAR 11 AM 8:00

RECEIVED

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Joshua French Inc
2. The principal office address: 3829 Millenia Blvd #201  
Orlando FL 32839
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/31/07 Document number: P07000119172

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Joshua French  
14615 Gateway Point Cir

#16306

Orlando FL 32821

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

3829 Millenia Blvd

#201

(P.O. Box NOT acceptable)

Orlando FL 32839

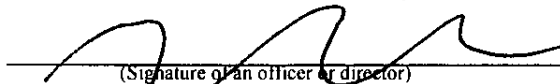
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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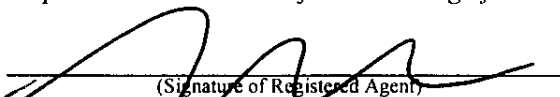
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Joshua French  
(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)

01/30/09  
(Date)

If signing on behalf of an entity:

Joshua French  
(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