## P07000130095

		-	
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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## **COVER LETTER**

ŢO:	Amendment Section Division of Corporations			
SUBJI	ECT: Arlington Associated Partners, (Name of Co	Inc. proration)		
DOCU	JMENT NUMBER: <u>P07000130095</u>			
The en	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
Therese M. Hoard (Name of Contact Person)				
	(Name of Con	tact Person)		
	Wyoming Corpor (Firm/Cor	rate Services, Inc.		
2710 Thomes Ave. (Address)				
	Cheyenne (City/State and	e, WY 82001 I Zip Code)		
For fur	ther information concerning this matter, please ca	ıll:		
	Therese M. Hoard (Name of Contact Person)	at (303) 632-3333 (Area Code & Daytime Telephone Number)		
Enclos	ed is a \$35.00 check made payable to the Departn	nent 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		

TO:

## 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 Status statement of change is submitted for a corporation organized under the laws of the State of Florid in order to change its registered office or registered agent, or both, in the State of Florid	da
The name of the corporation: Arlington Associated Partners, Inc.	
2. The principal office address: 2710 Thomes Ave., Suite 850	
Cheyenne, WY 82001	'
3. The mailing address (if different):	
4. Date of incorporation/qualification: 12/07/2007 Document number: P07000130	0095
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)	
Form-A-Corp	9
4400 PGA Blvd., Suite 800	OS NO
Palm Beach Gardens, FL 33410	of condition
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	OR NOV 25 AM 10: 16
United Corporate Services, Inc.	<b>.</b> 3
9200 South Dadeland Blvd., Suite 508	
(P.O. Box NOT acceptable)	
Miami, Florida 33156	
The street address of its registered office and the street address of the business office of its reg as changed will be identical.	sistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	cer so
Therese M. Hoard	
(Signature of an officer or director) (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 complet of my duties, and I am familiar with and accept the obligation of my position as registered aga document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	e performance ent. Or, if this onfirm that the
Taula 1 / 11/21/08	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
United Corproate Services, Inc (Typed or Printed Name)	,

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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