P08000005400

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Na	me)
· (Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RACharge News 9-25-09



We Put Quality, Honesty, And Integrity First 214 Hickman Drive Suite 100 Sanford, FL 32771 Phone (407) 322-7911 Fax (407) 322-3972

Transmittal

To: Florida Dept. of the State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee; FL 32301

From: Pam Olson, CEO

Sent Via: Priority Mail		Ref: Change of Registered Age		
		Date:	September 8, 2009	9/21/09
□Urgent	☑For Review	□ Please Comm	ent Please Re	ply

According to Section 507.1105, Florida Statues, attached are the following:

Quantity:	Dated:	Description:	
1	9/8/09	Check # 15674 for \$35.00 to cover the Filing Fee	
1		Cover Letter with contact information	
1		Statement of Change of Registered Agent and/or Registered Office for Alien Business Organization	
	-		
			

If anything more is required to complete this change according to state statues, please contact us directly.

Thank you.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DETAIL DYNAMICS S. C., Inc.
DOCUMENT NUMBER: PO800005400
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:
Pam OLSON Name of Contact Person
DETAIL DYNAMICS, S.C. Inc
214 HICKMAN DR. SUITE 200
SANFORD F1. 32771 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Name of Contact Person at (32) 37/3845 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

closed 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

'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 FLA
1. The name of the corporation: DETAIL DYNAMICS S. C., Inc. 2. The principal office address: 214 HICKMAN. DR. SUITE 100 SANFORD, FI. 32771
3. The mailing address (if different):
4. Date of incorporation/qualification: 1108 Document number: Po800005400
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) SPIEGEL & UTRERA, P.A. 1840 CORAL WAY, 4 th FLOOR MIAMI, FI. 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): PAM OLSON 500 S. ORANGE BLVD P.O. BOX NOT acceptable SANFORD F1-3277
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 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:
Dan CISON

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

Typed or Printed Name