## P08000011228

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		ļ			

Office Use Only



100117976761

02/19/08--01018--002 \*\*35.00

08 FEB 19 AMII: OT

Rolch8
(101, 2.20.08

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: Billysota, INC. (Name of Corporation)						
DOCUMENT NUMBER: P08000011228						
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:						
William Richards (Name of Contact Person)						
Billysota, INC. (Firm/Company)						
(Firm/Company)						
6566 Gateway Ave.  (Address)						
(Address)						
Sarasota, FL 34231 (City/State and Zip Code)						
For further information concerning this matter, please call:						
(Name of Contact Person) at (941) 926 - 0606  (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						

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

statement of change is	submitted for a corpora	2, 617.0502, 607.1508, or to tion organized under the la	ws of the State of	Lorida
	·	e or registered agent, or bo	•	
<ol> <li>The name of the cor</li> <li>The principal office</li> </ol>	poration: $D : IIY$ address: $6566$	Gateway Ave.	Sarasota, FL	34231
3. The mailing address	s (if different):			
4. Date of incorporation	on/qualification: 1/3	0/08 Document	number: <u>                                     </u>	001/228
5. The name and street	t address of the current re	gistered agent and registere	ed office on file with the	
· 	Will	liam Richards Burgos Drive sota, FL 3423		
	1661	Burgos Drive		
<del></del>	Sara	sota, FL 3423	8	DV so
	address of the new regis	stered agent (if changed) an	d /or registered office	OBVEB 19 AMII: 01
<del> </del>	Willi	am Richards		19 MII: 0
	6566	Gateway Ave.		
	(P.O. Box NO Saraso	Gateway Ave. Tacceptable)  ta, FL 34231		9
The street address of as changed will be ide		the street address of the b		istered agent,
Such change was auth authorized by the boa	norized by resolution dured, or the corporation has	ly adopted by its board of as been notified in writing	directors or by an office of the change.	er so
William A	likas	William	· Richards - Pr	esident
· =	officer or director)  oppointment as registered in the provisions of the provision of t	l agent and agree to act in of all statutes relative to to pt the obligation of my po ange in the registered offic is change.	inted or typed name and title)	
William	antas of Registered Agent)		2/9/08	
	,		(Date)	
If signing on behalf o	fan entity:			
(Typed or	Printed Name)	<del></del>		

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