(Request	tor's Name)
(Address	)
	•
(Address	<u>)</u>
•	,
(City/Sta)	te/Zip/Phone #)
(City/Star	terziprenone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
•	,
Cartified Coninc	Contification of Status
Certified Copies	Certificates of Status
	.3
Special Instructions to Filing	Officer:
•	

Office Use Only



000143894980



02/19/09--01011--025 \*\*35.00

X 00789, 00721, 00611,00671

## COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE	CCT: Pierre 3 Properties (Name of Corporati	on)	
DOCU	MENT NUMBER: PO 8000018975		
The end	closed Statement of Change of Registered Office/Agent	and fee are submitted for filing.	
Please	return all correspondence concerning this matter to the	following:	
R.J. Martin Pierre (Name of Contact Person)			
	(Name of Comact Pe	'son)	
Pierre 3 Properties (Firm/Company)			
	(Fini/Company)	,	
11724 Ivy Flower Loop			
(Address)			
		•	
Riverview, FL 33578 (City/State and Zip Code)			
Fan C	·	out,	
ror turt	her information concerning this matter, please call:		
	Martin Pierre at ( (Name of Contact Person)	813 ) 966-4185 Area Code & Daytime Telephone Number)	
Enclose	d is a \$35.00 check made payable to the Department of	State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2009

R.J. Martin Pierre Pierre 3 Properties, Inc. 11724 Ivy Flower Loop Riverview, FL 33578

SUBJECT: PIERRE 3 PROPERTIES, INC.

Ref. Number: P08000018975

We have received your document for PIERRE 3 PROPERTIES, 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The registered agent must sign accepting the designation.

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 409A00006056

SECRETARY OF STATE ALURIDA TALLARIDA

2003 HAR 4- AAH 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PIERRE 3 PROPERTIES, INC.
2. The principal office address: 11724 lvy Flower Loop, Riverview, FL 33578
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 2/21/08 Document number: PO 8000018975
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)
CORPORATION SERVICE COMPANY
1201 HAYS STREET ES
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
R.J. Martin Pierre
11724 Ivy Flower Loop, Riverview, FL 33578  (P.O. Box NOT acceptable)
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.
Rowio J. Pierre-President (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:
(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
CR2E045 (8/05)