## P080000 55333

(ке	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(50	omess Emily Har	ile;
(5)		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: PMF ENTERPRISES CF, INC.	
Name of Corporation	
DOCUMENT NUMBER: P08000055333	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Kenneth Schlitt	
Name of Contact Person	<del></del>
Keating & Schlitt, P.A.	
Firm/Company	<del></del>
250 East Colonial Drive, Suite 300	· .
Address	
Orlando, Florida 32801	
City/State and Zip Code	
kschlitt@keatlaw.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Kenneth Schlitt	at (407 ) 425-2907
Name of Contact Person	at (407 ) 425-2907 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	rtment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingestion in the State of FLORIDA in the State of FLORIDA in the State of FLORIDA in the State of Florida.	
1. The name of t	the corporation: PMF ENTERPRISES CF, INC.	
	office address: 3506 GATLIN AVENUE, ORLANDO, FLORIDA 32812	
3. The mailing a	iddress (if different): 3506 GATLIN AVENUE, ORLANDO, FLORIDA 32812	
4. Date of incorp	poration/qualification: 6/5/2008 Document number: P08000055333	
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	EWA WESTON	
	134 STARBOARD LANE, UNIT 804	
	MERRITT ISLAND, FLORIDA 32953	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	EWA WESTON 5	
	3506 GATLIN AVENUE	
	P.O. Box NOT acceptable	
	ORLANDO, FLORIDA 32812	
The street address changed will	ess of its registered office and the street address of the business office of its registered a be identical.	gent,
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so by board, or the corporation has been notified in writing of the change.	
	EWA WESTON, VICE PRESIDENT	
\ ' /	Printed or typed name and title	
I further agree of my duties and document is being corporation hap	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perform ad I am familiar with and accept the obligation of my position as registered agent. Or ing filed merely to reflect a change in the registered office address. I hereby confirm that we been notified in writing of this change.	nance if this at the
	nature of Registered Alein Date	
	chalf of an entity:	
- Ţ	'yped or Printed Name	

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