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DIVISION OF CORPORATIONS

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EXAMINER

COVER LETTER

Division of	Corporations
SUBJECT:	AnnMAR Mupraties, Inc. Name of Corporation
DOCUMENT NU	l D R D D D L IRID
The enclosed States	nent of Change of Registered Office/Agent and fee are submitted for filing.
Please return all con	respondence concerning this matter to the following:
	Sylvia F. Lanzino-Jones Name of Contact Person
-	
	AnnMAR Respecties, Inc.
	723 MISSISSIPPI AVENUE
	LAKELAND, Flouda 3380/
_	City/State and Zip Code Sylvia Anna Malia Q Aol. Com
	E-mail address: (to be used for future annual report notification)
	tion concerning this matter, please call:
SylVIA Nan	F. LMCINO - JONES at (863) 513-3602 Area Code & Daytime Telephone Number
Enclosed is a \$35.0	O check made payable to the Department of State.
1	Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

2661 Executive Center Circle

Clifton Building

Tallahassee, FL 32301

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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
in order to change its registered office or registered agent, or both, in the State of Florida.
in order to change its registered office or registered agent, or both, in the state of riorida.
1. The name of the corporation: ANN MAC PLOPELITES, INC.
2. The principal office address: 733 M SSISSIPPI AVENUE
LAKELMO, Florida 33801
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 4/26/08 Document number: 1080006/8/0
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)
Florida Department of State: (If resigned, enter resigned) Sylvia F. (Anzino-Jones, Ann Man Paupenties), ITM
723 MUSSISSIPPI AVENLY
WKELME, FL. 33801
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): 950 LAKE HOllingsworth Drive &
LAKUMI, FLOU LA 33803 & SEE
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 of the corporation has been notified in writing of the change.
MT 5-60 Sylvia F- LANZINO-JONES,
I hereby accept the appointment as registered agent and agree to act in this capacity
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.
corporation has been notified in writing of this change.
<u> </u>
Signature of Registered Agent Date
If signing on behalf of an entity:
Tuned or Deinted Name
Typed or Printed Name /

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