P08000062943

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SECRETARY OF STATE
TALL AHASSEF, FLORID.

C. LEWIS

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: FERMIN : Associate Ine. Name of Corporation			
DOCUMENT NUMBER: P08000062943			
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:			
Name of Contact Person			
Firm/Company.			
423 Bay front PL			
Naples FL 34102 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: William Mindel at (239) 530-8838 Name of Contact Person at (239) S30-8838 Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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 Figh DA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FERMIN & ASSOCIATES FOC.
2. The principal office address: 423 Bayfront PL, Waples FL 34102
3. The mailing address (if different):
4. Date of incorporation/qualification: 6 30 2008 Document number: P68600062943
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)
MINDER, WILLIAM R
760 14th Ave NW
Naples FL 34120 == ==
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MINDER, WILLIAM R.
423 BAYFROUT PC P.O. Box NOT acceptable
Naples FC 34102
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 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:
WILLIAM R. MIN DEK. 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