P08000003017

- (Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		•	

Office Use Only



500135406585

09/10/08--01013--011 **35.00

COVER LETTER

TO:	Amendment Section Division of Corporations	
	,	
SUBJ	ECT: MA'S WEBTIME, INC.	
_	(Name of Co.	rporation)
DOCU	UMENT NUMBER: P08000063017	
The er	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter t	to the following:
	Mary Brock	
	(Name of Cont	act Person)
	MAIS WEDTIME INC	
MA'S WEBTIME, INC. (Firm/Company)		
	3778 Shetland Dr	
	(Addre	ess)
	Lako Waloo El 22000	
	Lake Wales, FL 33898 (City/State and	Zip Code)
For fu	orther information concerning this matter, please ca	ill:
	- ·	070 0044
Mary	(Name of Contact Person)	at (863) 678-0244 (Area Code & Daytime Telephone Number)
	,	
Enclos	sed is a \$35.00 check made payable to the Departm	nent 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

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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation or in order to change its registered office or res	
1. The name of the corporation: MA'S WEBTIME, INC	-
2. The principal office address: 3778 Shetland Dr	
Lake Wales, FL 338	398
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/30/08	Document number: P08000063017
5. The name and street address of the current registere Florida Department of State:	ed agent and registered office on file with the
Mary Brock	
3778 Shetland Dr	
Lake Wales, FL 33898	
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered office
USA-RA, LLC	DE CORPORDE CORPORDIA LABORIO
841 Prudential Dr., 12th Floo	or 5 8
(P.O. Box NOT accept Jacksonville, FL 32207	able)
	or table) reet address of the business office of its registered agent.
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.
(Signature of an officer or director)	Mary Brock (Printed or typed name and title)
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all so of my duties, and I am familiar with and accept the document is being filed merely to reflect a change in corporation has been notified in writing of this chan	t and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the nge.
SEE ATTACHED CONSENT (Signature of Registered Agent)	09/02/08 (Date)
If signing on behalf of an entity:	, ,
Kyle Lavender (Typed or Printed Name)	

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

Consent to serve as Florida Statutory Agent

I, Kyle Lavender, Managing Member of USA-RA LLC, hereby sign on behalf of USA-RA LLC who shall consent to serve as Statutory Agent in the state of Florida for:

MA'S WEBTIME, INC.

I understand it will be our responsibility to accept service of process on behalf of the corporation, to forward mail addressed to the corporation in care of USA-RA LLC, and to immediately notify the Florida department of state if we resign or change the statutory office address. Our statutory office address and mailing address is:

USA-RA LLC

841 Prudential Drive Floor 12-6491007 Jacksonville, FL 32207

Signature of Agent

KYLE LAVENDER

Printed Name

D-4-

USA-RA LLC

If signing on behalf of a company, please print company name here.