## P0800006 678 17

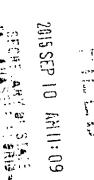
(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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09/10/15--01012--017 \*\*35.00



C. CARFOIM.

## **COVER LETTER**

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Walsh Gills IAC
2. The principal office address: 1015 TAYANAM AVE, UNIT   Dellay Beach, FL 33483
3. The mailing address (if different):
4. Date of incorporation/qualification: 71112008 Document number: P08000 6781
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)
Mad Gits Ing 531 Andor Point  Delray Beach, FL 33444
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Walsh Frys Inc
1015 INGRAHAM AVE, UNIT 7 P.O. BOX NOT acceptable  DELFAY BEACH, FL 33483
DELFAY BEACH, FL 33483
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.
Ocilia Walsh PS Signature of air officer or director  Cocilia Walsh PS
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  1 Date
If signing on behalf of an entity:
Cecilia A. Walsh Typed or Printed Name
Types of Frince Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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