P08000077205

(Requestor's Name	9)				
(Address)					
(Address)					
V ,					
(City/Chaha/7in/Dha					
(City/State/Zip/Pho	ine #)				
PICK-UP WAIT	MAIL				
(Business Entity N	ame)				
•					
(Document Number	ort .				
(Doddine) in Pauline	··)				
Certified Copies Certificat	es of Status				
Special Instructions to Filing Officer:					

Office Use Only



500168060235

02/11/10--01021--015 **35.00

to chy

10 FEB I AM IO: 27

COVER LETTER

TO: Amendmen Division of	t Section Corporations					
SUBJECT: JUSTIN W FROELICH COMPANY Name of Corporation						
	MBER:PO	8000077205				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all cor	respondence concerning this matt	er to the following:				
_	JUSTIN	FROELICH				
_	Name of C	ontact Person	_ _			
	W.ATW. W. T.					
		ELICH COMPANY				
	1 111111	company				
	2769 NF 30TH	AVENUE, SUITE 4				
•		Idress				
	LIGHTHOUSE POI	NT, FLORIDA 33064 and Zip Code				
•	City/State	and Zip Code				
	JFROELICH@A	ARLGNOW.COM				
E-mail address: (to be used for future annual report notification)						
For further informat	tion concerning this matter, please	e call:	·			
11.1	ESTIN EDOELICH	EG1	047 7040			
	STIN FROELICH ne of Contact Person	at (561) Area Code & Daytin	ne Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section	Street Address: Amendment Se	ction			
	Division of Corporations	Division of Co				
	P.O. Box 6327	Clifton Buildin	•			
	Tallahassee, FL 32314	2661 Executive				
		Tallahassee, FL	₋ 32301			

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

			507.1508, or 617.1508, Flo d under the laws of the Stat	
			d agent, or both, in the Stat	
1. The name of t	THE the corporation: JUST	'IN W₊FROELI	ICH COMPANY	
	•			OUSE POINT, FLORIDA
	address (if different): SA	AME		, , , ,
4. Date of incorp	poration/qualification: _	08/19/2008	Document number:	P08000077205
	d street address of the curtment of State: (If resign		t and registered office on f	ile with the
	JUSTIN FROELIC	H		
	2769 NE 30TH AV	E SUITE 4		
	LIGHTHOUSE PO	INT, FLORIDA	33064	
6. The name and (if changed):	1 street address of the ne	w registered agent (i	f changed) and /or register	ed office Service I
	JUSTIN FROELIC	H		Di. 2
	1451 W CYPRES	S CREEK RD, S		ALIE ALIE
	FT LAUDERDALE		•	
The street address changed will	ess of its registered offi	ce and the street add	dress of the business office	e of its registered agent,
Such change was authorized by	as authorized by resoluthe board, or the corpora	tion duly adopted by tron has been notifi	y its board of directors or led in writing of the chang	by an officer so e.
Signapa	re of asyothicer or threcter		JUSTIN FROELICH Printed or typed name	
I hereby accept I further agree of my duties, ar document is bet corporation has	the appointment as reg to comply with the provi and yam familiar with ar ing filed merely to refle s been notified in writin	ristered agent and a visions of all statute d'accept the obliga ct a change in the r ag of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
	The M		1/27/20	010
- /	nature of Repistered Agent		Date	
1	ehalf of an entity:			
	JSTIN FROELICH Typed or Printed Name	····		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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