

P08000078464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

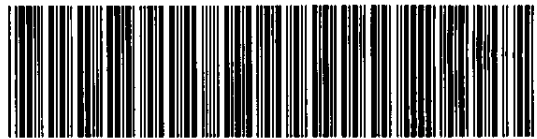
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400163422444

04/01/10--01002--014 **35.00

FILED
2010 MAR 31 P 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO Change
Fees
4-1-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Reperio Corporation
Name of Corporation

DOCUMENT NUMBER: P08000078464

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:

WILLIAM A DRAFTS
Name of Contact Person

Reperio Corporation
Firm/Company

746 CRISTALDI WAY
Address

LONGWOOD, FL 32779
City/State and Zip Code

BDRAFTS@EARTHLINK.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM A DRAFTS at (407) 592-2247
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
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2010

WILLIAM DRAFTS
REPERIO CORPORATION
746 CRISTALDI WAY
LONGWOOD, FL 32779

SUBJECT: REPERIO CORPORATION
Ref. Number: P08000078464

We have received your document for REPERIO CORPORATION, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 010A00006975

RECEIVED
J10 MAR 31 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Reperio Corporation
2. The principal office address: 746 CRISTALDI WAY
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/22/2008 Document number: P08000078464
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)

WILLIAM A DRAFTS

1445 Valley Pine Circle

Apopka, FL 32712

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WILLIAM A DRAFTS

746 CRISTALDI WAY

P.O. Box NOT acceptable

LONGWOOD, FL 32779

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

WILLIAM A DRAFTS, PRESIDENT

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

3/17/2010

Date

If signing on behalf of an entity:

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
CR2E045 (8/05)

FILED
2010 MAR 31 P 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA