

P08000086027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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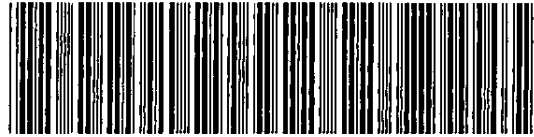
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 25 AM 10:02

Roberts SEP 30 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mid Valley Forest, Inc.
Name of Corporation

DOCUMENT NUMBER: P 08000086027

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:

Steve Cyr
Name of Contact Person

Mid Valley Forest inc
Firm/Company

~~0000~~ 430 Crofton Dr.
Address

Groee FL 34761
City/State and Zip Code

Steve Cyr @ aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Cyr at (407) 832-9375
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

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

1. The name of the corporation: Mid Valley Forrest, Inc.
2. The principal office address: 430 Crofton Dr.
Ocoee FL 34761
3. The mailing address (if different): 1019 Shadowmoss Dr.
Winter garden, Florida 34787
4. Date of incorporation/qualification: 10/01/2008 Document number: P08000086027
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)

Alfred Cyr
430 Crofton Dr.
Ocoee, FL 34761

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

Steve Cyr
1019 Shadowmoss Dr
P.O. Box NOT acceptable
Winter garden FL, 34787

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.

Alfred Cyr
Signature of an officer or director

Alfred Cyr
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]
Signature of Registered Agent

Sep 18/09
Date

If signing on behalf of an entity:

Steve Cyr
Typed or Printed Name

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