PD9000005042

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

Office Use Only



000211098140

08/17/11--01011--013 **35.00

BIVISION OF CORPORATIONS
ON OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: JACOB Anthony Meyer PA Name of Corporation				
DOCUMENT NUMBER: PO900005042	. • .			
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:				
JACOB Meyer Name of Contact Person				
Jacob Anthony Meyer PA Firm/Company	,			
2221 SW 21st Ter Address				
CAPE CORAL, FL 33991 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)	• : .			
For further information concerning this matter, please call:				
TACOB Meyer at (239) 770-8354 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

statement of char	rovisions of sections 60 nge is submitted for a co to change its registerea	rporation organiz	ed under t	he laws of	the State of	Flore	
1. The name of the	ne corporation:	Acos Anth	iony Me	Hert B. W		·	27001
2. The principal of	office address: 22	21 SW 21-	Ter,	Cape	<u>Coral, F</u>		# >>41
3. The mailing ac	Idress (if different):	Same					. ,
4. Date of incorp	oration/qualification:	01/16/09	Docur	nent numb	er: <u> </u>	00000	5042
	street address of the currement of State: (If resigned)			istered off	ice on file w	vith the	
		su 47m st			<u> </u>	<u> </u>	
		e Caral, FL 3				 -	OLASION TA PI
6. The name and (if changed):	street address of the new		(if change	d) and /or	registered of	ffice	11 AUG 17 AM 9: 57
	JAC	OD MCYC				_ _	9.
,	. 2221	P.O. Box NOT a				_	27
	Cap	c Coral, FC 33	•	·		<u> </u>	
	ss of its registered office be identical.						
Such change was authorized by the	s authorized by resolution board, or the corporat	on duly adopted l ion has been noti	by its boar fied in wr	rd of directions	tors or by a e change.	n officer so	
					Neger - Pre		
I harahy accent i	of an officer or director he appointment as regi o comply with the provi I I am familiar with and og filed merely to reflect been notified in writing	stered agent and sions of all statut l accept the oblig t a change in the of this change.	agree to des relative ation of m registered	act in this	oped name and capacity. oper and co as register dress, I here		ormance or, if this that the
\Rightarrow	W			8/1	du		
Sign	ature of Registered Agent				Date		
If signing on bel	alf of an entity:						
JA(OK 1	Ueye/ ped or Printed Name						
Ţ y		* * FILING FEE	E: \$35.00	* * *			•