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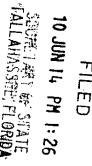
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## **COVER LETTER**

TO: Amendment Section Division of Corporations							
SUBJECT: The Treusch Law Group P.A. Name of Corporation							
DOCUMENT NUMBER: PO 90000 24163							
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:							
Mame of Contact Person							
The Treusch Law Grosp, P.A. Firm/Company							
1199 North Orange Ave Address							
Orlando FZ 32804 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Andy Treusch at (407) 894.3330  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 p statement of char in order	_	or a corpor	ation organ	ized under	the laws o	the State o	r_FL	OUT)	<del>/1</del>	
1. The name of the	ne corporation:	The	Treus	sch L	au Gr	oup, P.	A.			
2. The principal o	office address:	1199	1 Nor-	m 0	range	Auc				
		Orla	ndo, F	え 3	32800	<u>{</u>				
3. The mailing ad			AME							
4. Date of incorpo	oration/qualificat	ion: 31	16/200	9 Doci	ument numi	ber: P09	000	024		-3
5. The name and		the current	registered ag	gent and re					10 JUN 14	T I
6. The name and (if changed):	Andy 1199 Or ba	Tre	usch	, E s	Ç.	registered o	office	E FLORIDA	PM 1: 26	ED
The street address as changed will be Such change			`						gent,	
Such change was authorized by the Signature I hereby accept to I further agree to of my duties, and document is bein corporation has	of an officer or direct the appointment of comply with the I am familiar w g filed merely to	as registere e provision ith and acc reflect a p	ed agent and s of all state cept the obli hange in the	d agree to ites relati gation of e registere	Printed or	typed name and	Ores dititle	iden		<b>:</b>
Sign	mire of Registered Age	ent				Date				
If signing on beh	alf of an entity:									
Andy Typ	Treusch Ded or Printed Name		<del></del>							

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