(Re	equestor's Name)	
(Ac	idress)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: AGING WARRIOR FNC. Name of Corporation		
DOCUMENT NUMBER: P0900026099		
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:		
John Trye Name of Contact Person		
Aging Warren, eluc		
57602 Marquesas Cir. #214		
Saras of the Theorem Saras of The City/State and Zip Code		
Major O agric Warring. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call: at (941) 938 0660 Name of Contact Person at (A41) 938 0660 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 A		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: AGING WARRIOR FNC.		
2. The principal office address: 5602 MARGUESAS Civ. #214		
<u>Sarasota, Pt. 34233</u>		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 3/23/2009 Document number: P090000210099		
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)		
Provide Department of State: (It resigned, effect resigned)		
Dee A. Prije (resigned)		
4352 Marcott Cir.		
Sarasota, M. 34233		
6. The name and street address of the new registered agent (if changed) and /or registered office.		
6. The name and street address of the new registered agent (if changed) and /or registered office, (if changed):		
tohu trye		
5602 Marquelas Cu. #214 90 2 11		
Sangulata F1 34233		
The state of the desired of the desi		
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.		
JOHN R. FRYETT CEO		
Signature of an officer or director 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 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