## PU9000078833

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## **COVER LETTER**

Division	of Corporations		
SUBJECT:	Nancy J. Flint Att	ornev Atlaw P.4	
SUBJECT:	Name	of Corporation	1.
DOCUMENT N	UMBER: P09000028833	<del></del>	
The enclosed Sta	tement of Change of Registered (	Office/Agent and fee	are submitted for filing.
Please return all	correspondence concerning this n	natter to the following	g:
	Nancy J. Flint, E		
	Name o	f Contact Person	
	Nancy J. Flint, A	ttorney At Law, F	P.A.
	; Fin	n/Company	
	1856 N. Nob Hill	Road, #424	
		Address	<del></del>
	Plantation, Flori	da 33322	
	City/Sta	te and Zip Code	
	nancy@flintiplaw.c	om	
	E-mail address: (to be used to	or future annual rep	oort notification)
For further inform	nation concerning this matter, ple	ase call:	
Nancy J. F	lint, Esq.	st ( 954	812-0660
Na	ame of Contact Person	Area Code	812-0660 c & Daytime Telephone Number
Enclosed is a \$35	.00 check made payable to the De	partment of State.	
	Mailing Address: Amendment Section	Street Amen	Address: dment Section
	Division of Corporation	s Divisi	on of Corporations
	P.O. Box 6327		n Building
	Tallahassee, FL 32314		Executive Center Circle passee, FL 32301

TQ:

Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida	
in ord	ler to change its registered office or regi	stered agent, or both, in the State of Florida.	
1. The name of	f the corporation: Nancy J. Flint, Atto	orney At Law, P.A.	
	al office address: 1411 Sawgras.	s Corporate Parkway B-40	
<del></del>	#Sunrise FL		
3. The mailing	address (if different): 1856 N. A	lob Hill Road #424	
	• • • • • • • • • • • • • • • • • • •	FL 33322	<del> </del>
4. Date of inco	prporation/qualification: 03/30/2009	Document number: P09000028833	-
	nd street address of the current registered artment of State: (If resigned, enter resigned)	d agent and registered office on file with the med)	<del></del> -
	FLINT, NANCY J		
	1411 Sawgrass Corporate Par	kway	
	Sunrise, FL 33323		
6. The name ar (if changed)		gent (if changed) and /or registered office	AIVISIONE SERVICE
	InCorp Services, Inc.	<u> </u>	77
	17888 67th Court North	o o	
	P.O. Box N Loxahatchee, FL 33470	OT acceptable	· ·
The street add as changed will	ress of its registered office and the stree ll be identical.	et address of the business office of its registered age	
		ed by its board of directors or by an officer so notified in writing of the change.	
MA A COUL	W 1 + Huy ature of an officer or director	Printed or typed name and title	-
I further agree performance o agent. Or. if t	of my duties, and I am familiar with and	atutes relative to the proper and complete I accept the obligation of my position as registered eflect a change in the registered office address, I	
3		April 29, 2015	
	ignature of Registered Agent	Date	-
If signing on b	pehalf of an entity:		
Sara Bra	autigam on behalf of Incorp Serv	vices, Inc.	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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

Typed or Printed Name