## P09000041528

(Reques	stor's Name)	<u> </u>
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SECRETARY OF STATE

R-A. Clq. C.COULLIETTE

AUG 2 2 2011

**EXAMINER** 

## COVER LETTER

SUBJECT:	Plan to Sta	
	Name of 0	Corporation
DOCUMENT	NUMBER: P09	9000041528
The enclosed S	tatement of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return al	l correspondence concerning this matte	er to the following:
	Amanda	C. Frazier
	Name of Co	ontact Person
		Start, Inc.
	Firm/C	Company
to and a comme	4532 W. Kenn	edy Blvd., #292
	Ade	iress
	: Tampa, City/State a	FL 33609 (2) (24 (2.5) (
	amanda@syn	eravhub.com
	E-mail address: (to be used for	future annual report notification)
For further info	rmation concerning this matter, please	call:
	Amanda Frazier	at ( 727 ) 688-6305 Area Code & Daytime Telephone Num
	Name of Contact Person	Area Code & Daytime Telephone Num
	5.00 check made payable to the Depar	tment of State.
	5.00 check made payable to the Depar	tment of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Mailing Address:	Street Address:

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

statement of char	nge is submitted for	r a corporation organized	07.1508, or 617.1508, Flor I under the laws of the State	e of Florida		
in order	r to change its regis		l agent, or both, in the State	of Florida.		
1. The name of the	1. The name of the corporation: Plan to Start, Inc.					
2. The principal office address: 4532 W. Kennedy Blvd., #292						
		Tampa, FL	33609			
3. The mailing ac	dress (if different)	: <u></u>	<del> </del>			
4. Date of incorp	oration/qualificatio	n:05/11/2009	Document number:	P0900041528		
		e current registered agent esigned, enter resigned)	t and registered office on fil	le with the		
	Patel, Dili	p		<del></del>		
	140 Pine /	Ave. N.				
	Oldsmar,	FL 34677	·	<del></del>		
6. The name and (if changed):	street address of th	e new registered agent (it	f changed) and /or registere	d office	NATE SE	
	Amanda (	C. Frazier		AUG	<b>5</b> €	
	4532 W. K	Kennedy Blvd., #292			97. (원	
	_	P.O. Box NOT acc	eptable	7	OF OF	
	Tampa, F	L 33609		<u> </u>	50°2 3. ± ,	
The street address as changed will	ss of its registered be identical.	office and the street add	ress of the business office	The second secon	TATIO	
Such change was authorized by the	s authorized by res e board, or the cor	solution duly adopted by poration has been notific	its board of directors or bed in writing of the change	y an officer so	3	
(Imane Signature	of an officer of director		Amanda C. Frazi	er, President		
oj my auties, and document is bein	i i am jamiliar wil ig filed merely to r	s registered agent and ag provisions of all statutes h and accept the obligat eflect a change in the re riting of this change.	gree to act in this capacity relative to the proper and ion of my position as regis gistered office address, I i	i i complete performance stered agent. Or, if this hereby confirm that the		
Umai	reli Fac		8/10/20 Date	11		
If signing on beh	ature of Registered Agen nalf of an entity:	•	Date			
Туу	ped 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 CR2E045 (8/05)