(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Sectior. ► Division of Corporations		
SUBJECT: ATWELL ENTERPRISES INC. Name of Corporation		
DOCUMENT NUMBER: P0900046626		
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:		
Name of Contact Person		
Atwell & NTERDRISES INC		
1432 NE 2 NO AUE Address		
FORT LAUDERDALE Fl. 33304		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (954) 243-0768 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

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. in order to change is registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AT WEIL ENTERPRISES INC
2. The principal office address: 3049 N 63RO ST CAVE CREEK AZ 85331
3. The mailing address (if different): 3000 N FeDeral Hwy SoiTe 6
FORT LAUDEROBLE F1 33306
4. Date of incorporation/qualification: 5/27/2009 Document number: P0900046626
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)
KAREN GRAHAM
3000 N. Federal Hwy Suite 6
Font Louvenoule Fl. 33366 PER 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JACK ATWELL
1432 NE 2 ND ADE P.O. Box NOT acceptable
FORT LAUDERDALE Fl. 33304
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.
Signature of arother or director Karu Graham 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.
G-30-15 Date
If signing on behalf of an entity:
Jack Atwell 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