

PD9000049648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

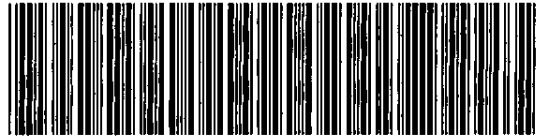
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2009 DEC -2 P 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NO Change  
Thuris  
12-2-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TELACO, INC  
Name of Corporation

**DOCUMENT NUMBER:** P09000049648

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:

LEE LOVELY  
Name of Contact Person

TELACO, INC.  
Firm/Company

1669 NW 141 TERRACE #206  
Address

SUNRISE FL 33323  
City/State and Zip Code

LEE@CONFETTICONVERTERS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE LOVELY at ( 954 ) 845-8890  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 23, 2009

LEE LOVELY  
TELACO, INC.  
1669 NW 144 TERR. #206  
SUNRISE, FL 33323

SUBJECT: TELACO, INC.  
Ref. Number: P09000049648

We have received your document for TELACO, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 109A00036226

RECEIVED  
2009 DEC -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TELACO INC
2. The principal office address: 1669 NW 144 TERRACE STE 206  
SUNRISE FL 33323
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/1/09 Document number: P09000049648
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)

LEE LOVELY  
2469 POINCIANA CT  
WESTON FL 33327


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

~~TELACO INC~~ LEE LOVELY  
1669 NW 144 TERRACE STE 206  
P.O. Box NOT acceptable  
SUNRISE FL 33323

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SECRETARY OF STATE

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 an officer or director

LEE LOVELY - PRESIDENT  
\_\_\_\_\_  
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

11/16/09  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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