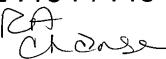
## P09000061804

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BOR 11/14/12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: RIVER CITY SURPLUS, INC.

Name of Corporation

DOCUMENT NUMBER: P09000061804

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 KEY, ESQ.

Name of Contact Person

LAW OFFICES OF JOHN KEY, P.A.

Firm/Company

417 ST. JOHNS AVE., STE. 8

Address

PALATKA FL 32177

City/State and Zip Code

jk@johnkey.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN KEY, ESQ.

..386

385-3646

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

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the 2. The principal of	ne corporation: RIVER CITY SURPLUS, INC. office address: 717 ST. JOHNS AVENUE, PALATKA FL 32177
3. The mailing ad	dress (if different):
4. Date of incorpo	oration/qualification: 7/21/2009 Document number: P09000061804
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	ROBIN TEJCEK (RESIGNED)
- -	713 ST. JOHNS AVENUE
_	PALATKA FL 32177
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
-	MICHAEL SCHOENBERGER SS
_	717 ST. JOHNS AVENUE
-	P.O. Box NOT acceptable PALATKA FL 32177
The street address as changed will be	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Michael	MICHAEL SCHOENBERGER, PRES. Printed or typed name and title
I hereby accept to I further agree to	he appointment as registered agent and agree to act in this capacity. Thinks the provisions of all statutes relative to the proper and complete by duties, and I am familiar with and accept the obligation of my position as registered and comment is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
1 Lehav Sign	ature of Registered Agent Date
If signing on beh	alf of an entity:
Тур	ped or Printed Name

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