P09000078007

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(0.0), 0.00.00_p					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiliess Effility Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
,					
<u>. </u>					

Office Use Only



600164056846

01/08/10--01013--015 **35.00

RA Buch

JAN 15 PM

P# 3: 5



January 11, 2010

WILLIAM J. BRANNON ONE SOURCE PROPERTY MAINTENANCE INC P O BOX 523 LYNN HAVEN, FL 32444

SUBJECT: ONE SOURCE PROPERTY MAINTENANCE INC

Ref. Number: P09000078007

We have received your document for ONE SOURCE PROPERTY MAINTENANCE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 810A00000745



COVER LETTER

то:	TO: Amendment Section Division of Corporations						
SUBJ	ECT:	One Source Pr	operty Maint ame of Corporati	enance Inc			
DOC	U MENT NU I	MBER:	P0900007	8007			
The en	nclosed Stater	nent of Change of Registe	red Office/Agent	and fee are subm	itted for filing.		
Please	return all coi	respondence concerning t	his matter to the f	ollowing:			
William J Brannon							
Name of Contact Person							
One Source Property Maintenance Inc							
	Firm/Company						
	PO Box 523						
			Address				
	Lynn Haven, FL 32444						
Lynn Haven, FL 32444 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For fu	rther informa	tion concerning this matter	, please call;				
	V	/illiam J Brannon	at (850	625-2871		
	Nam	ne of Contact Person	Ā	rea Code & Dayt	ime Telephone Number		
Enclos	sed is a \$35.0	0 check made payable to the	ne Department of	State.			
		Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ing ve Center Circle		

` TO:

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 in order to change its registered office or registered agent, or both, in the State of Florida.				
The name of the corporation: One Source Property Maintenance Inc The principal office address: 3609 Delwood Drive, Panama City Beach, FL 32408				
3. The mailing address (if different): PO Box 523, Lynn Haven, FL 32444				
4. Date of incorporation/qualification: 09/17/2009 Document number: P09000078007				
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)				
Roger C. Krans				
4302 Crystal Lake Drive				
Chipley, FL 32428				
Chipley, FL 32428 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): William J. Brannon 3609 Delwood Drive				
William J. Brannon				
P.O. Box NOT acceptable				
Panama City Beach, FL 32408				
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.				
William J. Brannon, owner 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.				
William Carner Branso 1-13-2010 Signapure of Registered Agent Date				
If signing on behalf of an entity:				
Typed or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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