

909000079835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RO Change

AUG 19 2014

T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Happy Feet USA, Inc.
Name of Corporation

DOCUMENT NUMBER: P09000079835

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:

Michael E. Burch
Name of Contact Person

Happy Feet USA, Inc.
Firm/Company

981 Hwy 98 East #3418
Address

Destin, FL 32541
City/State and Zip Code

michael@happyfeet.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E. Burch at (800) 462.8677
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**

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: Happy Feet USA, Inc.
2. The principal office address: 5811 W. Irlo Bronson Memorial Hwy #197
Kissimmee FL 34746
3. The mailing address (if different): 981 Hwy 98 East #3418
Destin FL 32541
4. Date of incorporation/qualification: _____ Document number: P09000079835
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)

Bryan M. Thomas (resigned)

242 Chase Ave

Winter Park FL 32789

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

Michael E. Burch

2701 Scenic Hwy 98. Unit 4

P.O. Box NOT acceptable

Destin FL 32541

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STATE
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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.

Michael Burch
Signature of an officer or director

Michael E. Burch
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.

Michael Burch
Signature of Registered Agent

8/7/14

Date

If signing on behalf of an entity:

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