P0900086192

(Re	questor's Name)	
(Ad	dress)	. ,
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Ви	siness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
:		

Office Use Only



600183111796

07/12/10--01022--010 **35.00



Ro Change

07-14-10 De

COVER LETTER

Amendment Section Division of Corporations

Address change

SUBJECT: 09000086192 DOCUMENT NUMBER: 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: For further information concerning this matter, please call:

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

ADDRESS Change of registered office or registered agen

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. 1. The name of the corporation: The principal office address: The mailing address (if different): 2009 Document number: 4. Date of incorporation/qualification: _[O 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) 8749 HIDEAWAY HARBOR COURT NAPLES, FL 34120 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 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. ere by accept the appointment as registered agent and agree to act in this capacity. In the proper and complete performance agree to comply with the provisions of all statutes relative to the proper and complete performance the duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this timent is being filed merely to reflect a change in the registered office address. I hereby confirm that the reportation has been notified in writing of this change. Signature of Registered Agent 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