P0900094775

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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12/17/10

COVER LETTER

TO: Amendment Section							
Division of Corporations							
SUBJECT: ENCOURAGEMENT TODAY, INC. Name of Corporation							
DOCUMENT NUMBER: P0000094775							
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:							
Patricia Lloyd Name of Contact Person							
Name of Contact Person							
Encouragement Modey. Inc							
Encouragement Today, Inc. Firm/Company							
16877 E. KColonial Dr. # 172 Address							
Address							
Orlando Florida 32820							
Orlando, Florida 32820 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Patricia Llovd at (407) 442-9200							
Patricia Lloyd at (407) 442-9200 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 Street Address: Amendment Section							

Division of Corporations

Tallahassee, FL-32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of change	is submitted for	ns 607.0502. 617.0502 r a corporation organi: stered office or register	ed under the laws	of the State of	Florida
1. The name of the c	orporation:	ENCOURAGEME	NT TODAY, I	NC.	
					
3. The mailing addre	ess (if different)	: -		1	
4. Date of incorporat	ion/qualificatio	on: <u>01/01/201</u>	O Document nur	nber: <u>p090</u>	00094775
5. The name and stre Florida Departmen	eet address of th nt of State: (If re	e current registered ag esigned, enter resigned	ent and registered o	office on file w	ith the
	Patrio	cia Lloyd			
	16877	E. Colonial	Dr. #177	***************************************	-t. 2
	Orland	do, Florida ;	32820		FII 2010 DEC TALLAHI TALLAHI
6. The name and stre (if changed):	et address of th	e new registered agent	(if changed) and /o	or registered of	fice SSRY ARY
	Patrici	a Lloyd			OF STATE
	16877 E	. Colonial Dr. 1			DRICE OF
	0-11-	P.O. Box NOT	acceptable		
	•	, Florida 32820			-
The street address o as changed will be in	f its registered dentical.	office and the street a	ddress of the busin	ess office of i	ts registered agent.
Such change was au authorized by the bo	thorized by respand, or the cor	solution duly adopted poration has been noti	by its board of dire fied in writing of t	ectors or by an the change.	officer so
Signature of a	n officer or director		Patricia I	Lloydd Pr	es.
I further agree to co of my duties, and I a document is being fi	mply with the p m familiar with led merely to r	registered agent and provisions of all statut h and accept the oblig effect a change in the riting of this change.	agree to act in thi les relative to the p ation of my position registered office a	s capacity proper and con on as registere ddress, I here	nplete performance ed agent. Or, if this by confirm that the
Totally	of Registered Agent		_December 6	5, 2010	
If signing on behalf	7) "			Pare	
Туред о	r Printed Name				

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