

P10000000999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

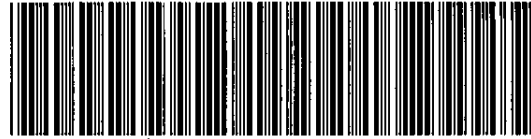
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600214361536

11/18/11--01018--001 **35.00

FILED
11 NOV 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACER 11/2/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: US WEB CODERS, INC.
Name of Corporation

DOCUMENT NUMBER: P10000000999

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:

JEFF SPRECHER CPA
Name of Contact Person

JEFF SPRECHER CPA PA
Firm/Company

2804 DEL PRADO BLVD SOUTH, UNIT 105
Address

CAPE CORAL, FLORIDA 33904
City/State and Zip Code

info@cape-cpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF SPRECHER CPA at (239) 549-8882
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 - 6327

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: US WEB CODERS, INC.
2. The principal office address: 4215 ANDREWS ROAD, BELLVILLE OH 44813
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/1/2010 Document number: P10000000999
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)

JEFF SPRECHER CPA

1325 SE 47TH STREET SUITE C

CAPE CORAL, FLORIDA 33904

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

JEFF SPRECHER CPA

2804 DEL PRADO BLVD SOUTH, UNIT 105

P.O. Box NOT acceptable

CAPE CORAL, FLORIDA 33904

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.

Signature of an officer or director

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.

 CPA
Signature of Registered Agent

November 11, 2011

Date

If signing on behalf of an entity:

JEFF SPRECHER CPA

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

FILED
11 NOV 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA