

P/O 000009068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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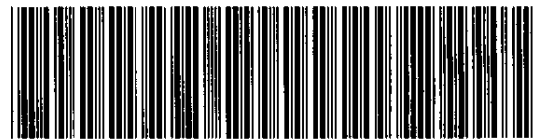
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

APPROVED  
AND  
FILED

20/10/10  
7/19/10  
K

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Turtle Glen Enterprises, Inc DBA: B.A.B.S.  
Name of Corporation

**DOCUMENT NUMBER:** P10000009068

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:

Harry Moore  
Name of Contact Person

Turtle Glen Enterprises, Inc DBA: B.A.B.S.  
Firm/Company

16490 Hwy 27  
Address

Lake Wales, Florida 33859  
City/State and Zip Code

harryvmoore@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Moore at ( 863 ) 588-1000  
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: Turtle Glen Enterprises, Inc.
2. The principal office address: 16490 Highway 27 Lake Wales, Florida 33859
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/25/2010 Document number: P10000009068
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)

Harry Moore

19 Evergreen Dr.

Lake Wales, Florida 33898

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

Harry Moore

16490 Highway 27

P.O. Box NOT acceptable

Lake Wales, Florida 33859

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]  
Signature of an officer or director.

Harry Moore, President/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.

[Signature]  
Signature of Registered Agent

6/29/2010  
Date

If signing on behalf of an entity:

HARRY V. MOORE  
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

CR2E045 (8/05)

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SECRETARY OF STATE  
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