P10000015800

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	s		
Special Instructions to Filing Officer:			

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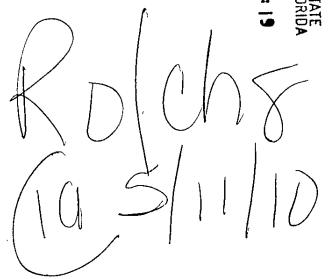


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10 MAY -7 PM 2: 19

SECRETARY OF STATE
TALLAHASSEE. FLORIDA



COVER LETTER

SUBJECT:	Norm Cla	ark Inc	
DOCUMENT NUMBE	D40	0000015800	
The enclosed Statement	of Change of Registered Offic	ce/Agent and fee are subr	nitted for filing.
Please return all correspo	ondence concerning this matte	er to the following:	,
· <u></u>		n Clark ontact Person	
		Clark Inc	<u></u>
	rinbC	ompany	
		ox 7202 dress	
	Jupiter F City/State a	FL 33468 and Zip Code	
E-ma	ail address: (to be used for	future annual report no	tification)
For further information of	oncerning this matter, please	call:	
No	orm Clark	at (561)	234-0403
Name of	Contact Person	Area Code & Day	time Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Depar	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Build	Section Corporations ding ive Center Circle

TO:

Amendment Section Division of Corporations

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or register.	nized under the laws of the State of Florida
1. The name of the corporation: Norm Clark Inc	
2. The principal office address: 326 Jupiter Lakes B	lvd 2311C Jupiter FL 33458
3. The mailing address (if different): PO Box 7202 Ju	upiter FL 33468
4. Date of incorporation/qualification: 2/20/2010	
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	•
Norman D Clark	
124 Roselle Court	
Port Charlotte FL 33952	
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office
Norman D Clark	A HAD SOR
326 Jupiter Lakes Blvd 2311C	1 864
P.O. Box NO Jupiter FL 33458	Tacceptable P. F. ORIO
The street address of its registered office and the street as changed will be identical.	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	d by its board of directors or by an officer so otified in writing of the change.
Signature of an officer or director	Norman D Clark, President Printed or typed name and title
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the obl document is being filed merely to reflect a change in the corporation has been notified in writing of this change	nd agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the
Constitute of Projectory Agent	5/4/2010
If signing on behalf of an entity:	Date
5	
Typed or Printed Name	
* * * FILING FI	EE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314