## P10000052911

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Crowner Zum, verne,			
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## **COVER LETTER**

fice/Agent and fee are submitted for filing.
ster to the following:
<del></del>
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oort notification)
se call:
31 ( 863 ) 602-4115
at (863 )602-4115 Area Code & Daytime Telephone Number
partment of State.
Street Address:
Amendment Section Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

		ffice or registered agent, or both, in the State of Florida.
	of the corporation: Artistic Gen	
2. The princip	oal office address: 701 E. Baker	Street, Plant City, FL 33563
3. The mailing	g address (if different): 701 E.	Baker Street, Plant City, FL 33563
		4/2010 Document number: P10000052911
	and street address of the curren partment of State: (If resigned,	nt registered agent and registered office on file with the , enter resigned)
	Jason S. Welling	
	6790 New Tampa Hwy., Ste	: 209
	Lakeland, FL 33815	
6. The name a		egistered agent (if changed) and /or registered office
	Jason S. Welling	
	701 E. Baker Street	
		P.O. Box. NOT acceptable
	Plant City, FL 33563	
The street ade as changed w	dress of its registered office a fill be identical.	and the street address of the business office of its registered agent,
Such change authorized by	was authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
Aug	AWM	Jason S. Welling
/]	sature of an officer or director	Printed or typed name and title
I further agre of my duties, document is l	re to comply with the provisio	ered agent and agree to act in this capacity.  This of all statutes relative to the proper and complete performance could be the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the fithis change.
Aus	1. WM	Jason S. Welling
	Signature of Registered Agent	Date
If signing on	behalf of an entity:	
	Typed or Printed Name	

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

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