## P10000055186

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SECRETARY OF STATE
STATE OF CORPORATION
10 SEP 13 PH 3: 27

R.A. Charge

**C.COULLIETTE** 

SEP 1 4 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Sect Division of Corp	ion orations				
SUBJECT: Aardvark Advisors, Inc.  Name of Corporation					
	Name of C	orporation			
DOCUMENT NUMBER	R:	2	<del></del>		
The enclosed Statement of	of Change of Registered Office	e/Agent and fee are submit	ted for filing.		
Please return all correspo	ndence concerning this matter	r to the following:			
		·			
	Todd S	Sensing			
	Name of Co	ntact Person			
	Aardvark A	dvisors, Inc.			
	Firm/Co				
	755 Grand Blvd, Suite B 105 #297				
	Add	ress	<del></del>		
	Destin, F	L 32550 nd Zip Code			
	City/State ar	nd Zip Code			
	todd@aardvark	advisors.com			
E-ma	il address: (to be used for f		ication)		
For further information c	oncerning this matter, please of	call:			
Tode	d Sensing	ot ( 404 )	274-0601		
	Contact Person	at (404) Area Code & Daytin	274-0601 ne Telephone Number		
Enclosed is a \$35,00 chec	ck made payable to the Depart	tment of State.			
I	Mailing Address:	Street Address:	.•		
	Amendment Section	Amendment Se			
	Division of Corporations P.O. Box 6327	Division of Co Clifton Buildin	-		
	Γallahassee, FL 32314	2661 Executive	-		
	, –	Tallahassee, FI			

· ....

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu inge is submitted for a corporation organized under the laws of the State of <mark>Flor</mark> ir to change its registered office or registered agent, or both, in the State of Floric	ida
	the corporation: Aardvark Advisors, Inc.	
	office address: 755 Grand Blvd, Suite B 105 #297	
Destin, FL	32550	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 6/25/2010 Document number:	P10000055/8
	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	e
	Resigned: Todd Sensing 179 Beach Dr. E Miramar Beach	
	Miramar Beach, FL 32550	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  Howard M. Patterson	TO SEP 13 PM
	1011 Scenic Gulf Dr.	COR COR
	P.O. Box NOT acceptable	H 3:
	Miramar Beach, FL 32550	AAII 23
	ess of its registered office and the street address of the business office of its repeated be identical.	
Treat	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.  The of an officer or director  Printed or typed name and title	cer so
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple ad I am familiar with and accept the obligation of my position as registered as ing filed merely to reflect a change in the registered office address, I hereby co s been notified in writing of this change.	te performance zent. Or, if this onfirm that the
* Howar	mature of Registered Agent 9/9/10  Date	
If signing on be	chalf of an entity:	
<del></del> 1	yped 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)