

DETA

P100000070664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

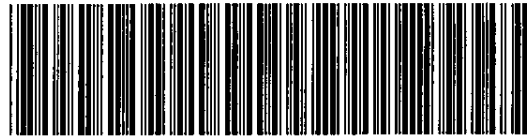
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

01/09/12--01009--028 **35.00

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2012 JAN -9 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
1/10/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL Moore's Locksmith Inc.
Name of Corporation

DOCUMENT NUMBER: P10000070664

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:

Jason Moore
Name of Contact Person

ALL Moore's Locksmith Inc.
Firm/Company

4809 Gary Rd.
Address

Naples FL. 34134
City/State and Zip Code

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

For further information concerning this matter, please call:

Jason Moore at 239, 403-9600
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: ALL Moore's Locksmith Inc.
2. The principal office address: 3189 Rock Creek Dr.
Port Charlotte FL, 33948
3. The mailing address (if different): P.O. Box 494272
Port Charlotte FL, 33949
4. Date of incorporation/qualification: August 27th 2010 Document number: P10000070664
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)

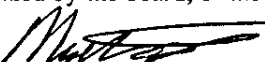
William Moore
3189 Rock Creek Dr
Port Charlotte FL, 33948

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

Jason Moore
4809 Gary Rd
P.O. Box NOT acceptable
NAPLES FL, 34134

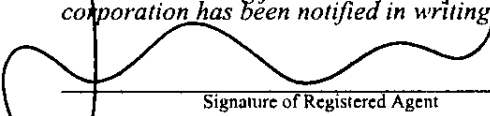
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Matthew Moore
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 of Registered Agent

1/4/2012
Date

If signing on behalf of an entity:

Jason 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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE