

P110000015473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

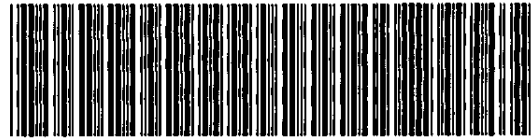
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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@ 6/30/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Trainwreck, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P11000015473

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:

John Grant  
Name of Contact Person

Firm/Company

219 Atkinson Drive  
Address

Tallahassee, FL 32304  
City/State and Zip Code

jag09h@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John A. Grant at ( 850 ) 386-4400  
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: Trainwreck, Inc.

2. The principal office address: 526 W. Gaines Street, Tallahassee, FL 32304

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/15/2011 Document number: P11000015473

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)

Stephen Rice  
2013 Coffee Ln  
Tallahassee, FL 32303

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

John A. Grant

2121-G Killarney Way

P.O. Box NOT acceptable

Tallahassee, FL 32309

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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

JOHN ALAN GRANT PRES.  
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

6/1/11  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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