## P110000110522

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## **COVER LETTER**

Division of Corporations		
SUBJECT: Palms Direct, Inc.		
Name of Corporation		
DOCUMENT NUMBER: P11000016522		
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:		
Tera McNaughton		
Name of Contact Person		
Palms Direct Inc.		
PO Box 563		
Address		
Seville, FL 32190		
City/State and Zip Code		
legacyfarms21@yahoo.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tera McNaughton  Name of Contact Person  at (386 ) 747-5493  Area Code & Daytime Telephone Number		
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 Tallahassee, FL 32314  2661 Executive Center Circle		

Tallahassee, FL 32301

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

statement of chang	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	e corporation: Palms Direct, Inc
2. The principal o	ffice address: 590 Raulerson Rd No. 1, Seville, FL 32190
3. The mailing add	dress (if different): PO Box 563, Seville, FL 32190
	D4400004CE32
4. Date of incorpo	pration/qualification: 2-16-2011 Document number: P11000016522
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
<u>-</u>	Business Filings Incorporated
<u> </u>	515 E Park Ave
-	Tallahassee, FL 32301
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
-	Tera McNaughton
;	590 Raulerson Rd No 1
_	590 Raulerson Rd No 1 P.O. Box NOT acceptable Seville, FL 32190
_	s of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Bra N Signature	Tera McNaughton, PVPS  Printed or typed name and title
I hereby accept to I further agree to	he appointment as registered agent and agree to act in this capacity.  comply with the provisions of all statutes relative to the proper and complete ny duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
Jun D	10 / aug 10 - 26-12  ature of Registered Agent  Date
If signing on beh	alf of an entity:
Ту <sub>ұ</sub>	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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