

P110000016522

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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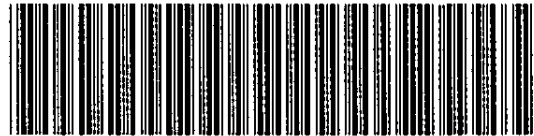
(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
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.  
Firm/Company

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 at ( 386 ) 747-5493  
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

