P12000033615

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800227051588

04/03/12--01011--020 **35.00



'APR 4 2012

C. MUSTAIN

COVER LETTER

Amendment Section Division of Corporations

TO:

. . . Die

	EACLE TACK FOR	CE INC
SUBJECT:	EAGLE TASK FOR	ration
DOCUMENT NUMBER:	P12000	023615
The enclosed Statement of C	Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the	he following:
•	DAVID BERRIOS	SANTIAGO
	Name of Contact	Person
	EAGLE TASK FO	
	Firm/Compa	iny
	12769 SE HIGH	WAY 42
	Address	the second secon
	WEIRSDALE, FL 3	2195-7303
	City/State and Zi	p Code
E-mail a	beagletf@aol. address: (to be used for future	com e annual report notification)
For further information cond	cerning this matter, please call:	
	OS SANTIAGO at	787 481-3252 Area Code & Daytime Telephone Number
Name of Cor	itact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check r	nade payable to the Department	t of State.
<u>Ma</u> i Am	iling Address: endment Section	Street Address: Amendment Section
Div	ision of Corporations	Division of Corporations
	Dox 6327	Clifton Building
Tal	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

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 Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA rto change its registered office or registered agent, or both, in the State of Florida.
	he corporation: EAGLE TASK FORCE INC. office address: 12769 SE HIGHWAY 42, WEIRSDALE, FL 32195-7303
_	ddress (if different): 2092, VEGA ALTA, PR 00692-2092
4. Date of incorp	poration/qualification: MARCH 8, 2012 Document number: P12000023615
	street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office DAVID BERRIOS SANTIAGO
	12769 SE HIGHWAY 42, WEIRSDALE, FL 32195-7303 P.O. Box NOT acceptable
Such change wa authorized by th	ss of its registered office and the street address of the business office of its registered agent, be identical. It is 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. DAVID BERRIOS SANTIAGO Printed or typed name and title
I further agree to of my duties, an accument is bein carroration has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this neg filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. Date Date
DAVI	half of an entity: Left in the second of th
	* * * FILING FEE: \$35.00 * * *
N. 4. CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

- **19**