

P12000035166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

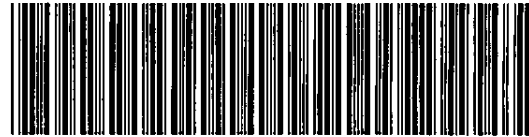
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AND
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14 JAN 15 AM 10:14

SEE STATE
FALL 2013

C. LEWIS
JAN 23 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Flyin S, Inc

Name of Corporation

DOCUMENT NUMBER: P12000035166

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:

Harvey Spencer

Name of Contact Person

Flyin S, Inc

Firm/Company

261 NE 341 Ave

Address

Old Town, Fl. 32680

City/State and Zip Code

tricountytowing352@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harvey Spencer

Name of Contact Person

at **352 672-8486**

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: Flyin S, Inc
2. The principal office address: 261 NE 341st Ave, Old Town Fl. 32680
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/12/2012 Document number: P12000035166

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)

Arialle Gray

42 NE 748th Ave

Old Town, Fl 32680

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

Nicole Spencer

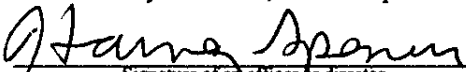
261 NE 341st Ave

P.O. Box NOT acceptable

Old Town, Fl 32680

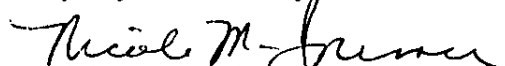
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Harvey Spencer
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

01/12/12
Date

If signing on behalf of an entity:

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 (03/12)

APPROVED
AND
FILED
14 JAN 15 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA