P12000095981

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C. LEWIS

JUL 9 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Corey's Own Way, Inc. SUBJECT: Name of Corporation P12000095981 **DOCUMENT NUMBER:** 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: Corey Mark Johnson Name of Contact Person Corey's Own Way, Inc. Firm/Company 9114 Roan Lane Lake Park, FI 33403 City/State and Zip Code coreyjohnson53@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Corey Mark Johnson Name of Contact Person

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

1. The name of the corporation: Corey's Own Way, Inc.		
2. The principal office address: 9114 Roan Lane		
	Lake Park, Florida 33403	
3. The mailing address (if differen	t):	
4. Date of incorporation/qualificat	ion: 11/20/2012 Document	number: P12000095981
	the current registered agent and register	red office on file with the
_United Stat	tes Corporation Agents, Inc.	
13302 Wine	ding Oaks Court, Suite A	
Tampa, Flo	orida 33612	
6. The name and street address of (if changed):	the new registered agent (if changed) ar	nd /or registered off
C	orey Mark Johnson	
. <u> </u>	114 Roan Lane	
1 :	P.O. Box NOT acceptable ake Park, Florida 33403	-: 0.8
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	d office and the street address of the b	
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted by its board of orporation has been notified in writing	directors or by an officer so of the change.
Corey Mark Johnson, President Printed or typed name and title		
I hereby accept the appointment of further agree to comply with the performance of my duties, and I agent. Or, if this document is being the complete the complet	as registered agent and agree to act in e provisions of all statutes relative to t am familiar with and accept the obliga ing filed merely to reflect a change in t ion has been notified in writing of this	n this capacity. The proper and complete Ition of my position as registered The registered office address. I
Signature of Registered Apr	July 1, 2	013

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