## P12000097324

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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: Office Use Only



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08/25/14--01011--019 \*\*35.00



SEP 1 1 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: Mobile Empire Detailing: Change of Address						
Name of Corporation						
DOCUMENT NUMBER: P12000097324						
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:						
Shawn Beecher						
Name of Contact Person  Mobile Empire Detailing						
3820 St. Johns Parkway						
Sanford, Florida 32771  City/State and Zip Code						
sbeecher@mobileempiredetailing.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Shawn Beecher  Name of Contact Person  Area Code & Daytime Telephone Number						
Name of Contact Person Area Code & Daytime Telephone Numb	er					

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

statement of char	ige is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida St rganized under the laws of the State of $\frac{F}{F}$ egistered agent, or both, in the State of Fl	lorida	-
1. The name of th	ne corporation: Mobile Empire	e Detailing		
2. The principal of	office address: 3820 St. John	s Parkway		
	Sanford. Florid	da 32771		
3. The mailing ac	ldress (if different):			
4. Date of incorp	oration/qualification:	Document number: P1200	0097324	
5. The name and		red agent and registered office on file wit		
	282 Adelaide Street			
	Debary, Florida 32713			
6. The name and (if changed):	street address of the new registered	l agent (if changed) and /or registered off	M SEP -	eren eren eren
	3820 St. Johns Parkway	y	F	
		x NOT acceptable	PR F	S. Contraction
	Sanford, Florida 32771		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The street addre	ess of its registered office and the s	treet address of the business office of its	s registered ag	ent,
Such change was authorized by th	s authorized by resolution duly add the board, of the corporation has been	opted by its board of directors or by an centre of the change.	officer so	
Signatu	re of an officer of director	Printed or typed name and titl	<u> </u>	_
ageni. Or, ij ini	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a discument is being filed merely to that the corporation has been noting	nt and agree to act in this capacity. I statutes relative to the proper and com and accept the obligation of my position o reflect a change in the registered offic fied in writing of this change.	plete as registered e address, I	1
Sig	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
T	yped or Printed Name			

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