## P92000000019

(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						
,						

Office Use Only



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10 OCT 26 PH 3: 12

DIVISION OF CORPORATIONS
TALLAHASSEE, PLORIDA

C.COULLIETITE

OCT 27 2010

**EXAMINER** 

TWISTON OF COMPORATIONS

10 OCT 26 PM 4: 25





1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 878 5368 fax www.ctlegalsolutions.com

October 26, 2010

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7980658 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Copy Service of Port Charlotte, Inc. (FL) Change of Agent Florida

File 1st

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com





## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: C	COPY SERVICE OF PORT CHARLOTTE, INC.					
	Name of Corporation					
DOCUMENT NUI	MBER:P9200000019					
The enclosed Stater	nent of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all cor	respondence concerning this matter to the following:					
-	JOEL E. SHERAN					
	Name of Contact Person					
J & L Enterprises of Charlotte, Inc.						
	Firm/Company					
	27030 Pelotas Avenue					
	Address					
	Port Charlotte, Florida 33983  City/State and Zip Code					
	·					
-	joel@copiersas.com  E-mail address: (to be used for future annual report notification)					
For further informat	ion concerning this matter, please call:					
	Joel E. Sheran at ( 941 ) 626-4567 e 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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State	of Florida		
	•		F PORT CHARLO		<u>,                                     </u>	
2. The principa	l office address: 27030 F	Pelotas Avenue	, Port Charlotte, Florid	a 33983		
3. The mailing	address (if different): the	same				
4. Date of incorporation/qualification: 10/27/1992 Document number: Ps				P92000	00001	19
	d street address of the curr artment of State: (If resigne		at and registered office on file	e with the		
	Joel E. Sheran					
	23375 Janice Aven	ue, Unit 8				<u></u>
	Port Charlotte, Flor	ida 3380			10 OC	VOISIA SECH
6. The name an (if changed):		registered agent (i	f changed) and /or registere	d office	0CT 26 PM	FIARY O
	Joel E. Sheran	(the same re	gistered agent)		÷	F STA
	27030 Pelotas Ave	<del></del>		<del></del>	25	ALE VIEW
	Port Charlotte, Flori	P.O. Box NOT ac	ceptable			J)
-	ress of its registered office	e and the street add	dress of the business office			ent,
			ed in writing of the change	<b>.</b>		
$\mathcal{O}^{\circ}$	ure of an officer or director	<del></del> -	Joel E. Sheran Printed or typed name	and title	L	
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as regi to comply with the provis nd I am familiar with and ing filed merely to reflect is been notified in writing	stered agent and a sions of all statute. accept the obliga a change in the re of this change.	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I i	l complete po stered agent. hereby confi	erforma Or, if rm that	ance this the
-// <sub>Si</sub>	Signature of Registered Agent October 13,			, 2010		
Y	ehalf of an entity:		Date			
<del></del>	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 (8/05)