

P92000012278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

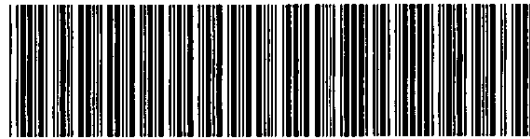
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
by telym case
th 2-28-12

Office Use Only



100222967671

02/27/12--01047--035 **35.00

LA Ro ch

FILED
12 FEB 27 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 28 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTH & PLOEN ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: P92000012278

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:

DAVID R. NORTH

Name of Contact Person

Alliance Distributors

Firm/Company

141 Scarlet Blvd. - C

Address

Oldsmar, FL 34677

City/State and Zip Code

allianceusa@earthlink.net

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

For further information concerning this matter, please call:

David North

Name of Contact Person

813 - 882 - 0010

at (813) 267-4011

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: NORTH A PLOEN ENTERPRISES, INC.
2. The principal office address: 141 Scarlet Blvd. - Suite C
Oldsmar, FL 34677
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-4-1992 Document number: P92000012278

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)

Dave North
8556 Mangos Rd
Tampa, FL 33635

th the
ALLAH SEE
SECRETARY OF STATE
12 FEB 27 PM 1:19
FILED

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

David North
141 SCARLET Blvd. - C
P.O. Box NOT acceptable
Oldsmar, FL 34677

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

DAVID R. NORTH
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

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 (8/05)