P9300080445

(Requestor's Name)
•
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Efficiency
(Document Number)
Certified Copies Certificates of Status
Octation of Charles of Charles
Special Instructions to Filing Officer:
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FILEU 13 OCT -8 PM 1: 12 SECRETARY OF STATE

Ormond Enterprises, Inc.

148 S. Beach Street, Daytona Beach, FL 32114 Phone: (386) 253-8005 or (386) 255-2770 Fax: (386) 255-7720

TO: Amendme Division o	nt Section f Corporations		
SUBJECT:	Ormond Enterprises, In Name of Corpo	C. Dration	
DOCUMENT NU	MBER: <u>P93000080445</u>		
The enclosed State	ment of Change of Registered Office/A	gent and fee are submitted for i	iling.
Please return all co	orrespondence concerning this matter to	the following:	•
		•	
	Kimball K. Ross		
-	Name of Contac	t Person	
Ormond Enterprises, Inc.			
	Finti/Comp	any	
	148 S. Beach Street	•	
	Address	i	-
	Daytona Beach, FL 3	2114	
	City/State and 2	ip Code	
	bud424r@yahoo.com		
-	E-mail address: (to be used for future	re annual report notification)	
		·	
For further informa	ation concerning this matter, please call		
Kim Ross		ut(386) 566-190.	
	ne of Contact Person	at (386) 566-190. Area Code & Daytime Telep	phone Number
Enclosed is a \$35.0	00 check made payable to the Departme		onone Number -8 PH -: 1
	Mailing Address:	Street Address:	
	Amendment Section	Amendment Section	€E ~
	Division of Corporations	Division of Corporatio	ns 🔁
	· PO Box 6327	Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of change	is submitted for a corporation organic change its registered office or registe	ized under the laws of the Sta	ate of Florida	
			•	
	corporation: Ormond Enterpore address: 148 South Bea	=:= :		ı
	Beach, Florida 32114			
	ess (if different): Same			
4. Date of incorpora	tion/qualification:11/15/1993	Document number: _P	93000080445	
	eet address of the current registered a ont of State: (If resigned, enter resigne		file with the	
	Jack G. Hand			
	200 W. Forsyth Stre	eet, STE 1517		
	Jacksonville, Flori	da 32202		
6. The name and str (if changed):	eet address of the new registered ager	at (if changed) and /or registe	red office	
_	Timothy P. Kelly, P.	Α		
	1016 LaSalle Street			
	Jacksonville, FL 322			
_	of its registered office and the street a			
Such change was as authorized by the b	ithorized by resolution duly adopted pard, or the corporation has been not	by its board of directors or lifted in writing of the chang	by an officer so je.	
Kimboll	KROSS U. Pres.	Kimball K. Ros	s, V. Pres	
I hereby accept the I further agree to c performance of my agent. Or, if this dihereby confirm that I I MOLITY	appointment as registered agent and omply with the provisions of all statuduties, and I am familiar with and accument is being filed merely to reflet the corporation has been notified in the corporation has been notified in a different confidence of Registered Agent	l agree to act in this capacit tes relative to the proper an	od complete AHC	FILED
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)