P93000083162

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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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NA Charse News 8-29-11

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Steeling + King The Name of Corporation			
DOCUMENT NUMBER: P93 0000 83 162			
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:			
Name of Contact Person			
Name of Contact Person			
Steeling + Ling Time			
POBOX 300639			
Address			
FERN CARL IL 32730 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (949) 734-8997 Area Code & Daytime Telephone Number			
Name of Contact reison Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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 Flap da
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Stepling + KING, INC.
2. The principal office address: 274 Wilshipe
- Cassel berry EC 32707
3. The mailing address (if different):
4. Date of incorporation/qualification: 1993 Document number: P9300008316
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)
Jeffrey Koltica
557 NORTH WYMORD RD BES =
Maitland FL 3275/
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
_ 274 Wilshiee
Casselberry FL 32767
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 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.
\$19/
Signature of Registered Agent Date
If signing on behalf of an entity:
S. Lead of
Typed or Printed Name

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