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(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
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(Document Number)	
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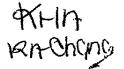
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OF SEP 28 MI 1: 30
SEDRETARY OF STATE
TALLAHASSEE, FLORID



• COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ray WOODS INC. (Name of Corporation)
DOCUMENT NUMBER: P93000087061
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:
AJDREY EDDS (Name of Contact Person)
AUDREY Epps L ASSOCIATES
2927 Rogers AUG.
Canpa 4C. 33611 (City/State and Zip Code)
For further information concerning this matter, please call:
AUDO FUE DPS at (813) 831-625 (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 \$\frac{\pi_1\pi_2\pi_1\pi_4}{\pi_4\pi_4\pi_4\pi_4\pi_4\pi_4\pi_4\pi_4
1. The name of the corporation: Ray WOODS, TNC.
2. The principal office address: 8511 WOODBRIDGE BLVD
(IAmpa 71. 33615
3. The mailing address (if different):
4. Date of incorporation/qualification: 1-1-1994 Document number: P930000 8700
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Raymond Woods
200 87th Que no.
St. Petersburg Tea. 33702
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
AUDREY EDPS
2927 Rogers Oute.
(1Ampe, 71. 33611 BEE :
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) Reunitad 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 Registerly Agent) P 9-22-06 (Date)
If signing on behalf of an entity:
(Typodor Frinted Name) * * * FILING FEE: \$35.00 * * *
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)