## P94000042155

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
(Booding Hamison)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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SECRETARY OF SUSTEMBLE OF CORPORALION

R-A. Chonge C.COULLIETTE

MAR 23 2011

**EXAMINER** 

## COVER LETTER -

Amendment Section Division of Corporations

· TO:

SUBJECT:	Pride US	A, Inc				
	Name of C	Corporation				
DOCUMENT NUMBI	ER:P94	000042155				
The enclosed Statement	of Change of Registered Offic	e/Agent and fee are subm	nitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:				
	William J Eiden					
	Name of Contact Person					
	Drida II	ISA Inc				
	Pride USA, Inc Firm/Company					
		. ,				
	17047 Royal Palm Drive					
		ress				
	Groveland	, FL 34736				
	City/State a	nd Zip Code				
	imartinique	@aol.com				
E-m	E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	call:				
Will	iam J Eiden	at ( 407 )	521-6867			
Name of	Contact Person	Area Code & Dayt	521-6867 time Telephone Number			
Enclosed is a \$35.00 che	eck made payable to the Depar	tment of State.				
	Mailing Address: Amendment Section	Street Address Amendment S	<u>s:</u> Section			
	Division of Corporations	Division of C				
	P.O. Box 6327	Clifton Buildi	-			
	Tallahassee, FL 32314	2661 Executiv	ve Center Circle			

Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607.0502, 617. ange is submitted for a corporation or ler to change its registered office or re	ganized under the laws of the S	tate of Florida
1. The name of	the corporation: Pride USA, Inc	).	
2. The principa	l office address: 17047 Royal Pali	m Drive, Groveland, FL 34	4736
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 5/31/9	Document number:	P94000042155
	d street address of the current registered artment of State: (If resigned, enter resigned)		i file with the
	All Florida Firm, Inc		<del></del>
	813 Deltona Blvd, Suite A		
	Deltona, FL 32725		
6. The name an (if changed):	d street address of the new registered	agent (if changed) and /or regist	<u></u>
	William J Eiden		TI MAR 22 AN
	17047 Royal Palm Drive		₹ ₹ \$\$ \$\$
	P.O. Box	NOT acceptable	(2.75) (2.75)
	Groveland, FL 34736		<b>→ 3</b> 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
_	ress of its registered office and the str l be identical.		ice of its register agents
Such change w authorized by t	vas authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors on notified in writing of the characteristics.	or by an officer so
	Ila .		J. Eiden
I hereby accept I further agree of my duties, and document is be	are of an officer or director  I the appointment as registered agen to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change i as been notified in writing of this cha	Printed or typed not and agree to act in this capact statutes relative to the proper of obligation of my position as renthe registered office address, nge.	
		17 March	2011
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	William J. Eiden 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