

P9400073828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

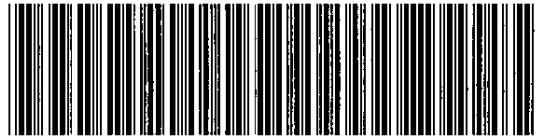
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA  
Change  
[Signature]

8.18.09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WITTEN TECHNOLOGIES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P94000073828

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:

D.J. MILNE

Name of Contact Person

MILNE, BUCKINGHAM & RALSTON, PA

Firm/Company

4595 LEXINGTON AV.

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

SHIRLEY@MILNECORP.COM

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

For further information concerning this matter, please call:

D.J. MILNE

Name of Contact Person

at (904) 387.5400

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: WITTEN TECHNOLOGIES, INC.
2. The principal office address: 4540 SOUTHSIDE BLVD #201  
JACKSONVILLE, FL 32216
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/4/94 Document number: P9400073828
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)

JOHN KRAUSE  
2324 GATES DR  
TALLAHASSEE, FL 32312

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

SHIRLEY MOORE  
4595 LEXINGTON AV.  
P.O. Box NOT acceptable  
JACKSONVILLE, FL 32210

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TALLAHASSEE, FLORIDA  
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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.

D. J. Milne  
Signature of an officer or director

D. J. MILNE, SEC.  
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.*

Shirley Moore  
Signature of Registered Agent

8-13-09  
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)