

P95 000015090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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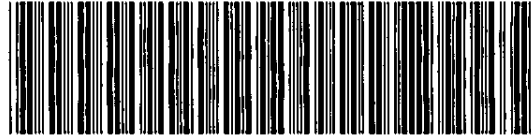
(Business Entity Name)

(Document Number)

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Ra office change

COVER LETTER

TO: Amendment Section
Division of Corporations

**ANYTIME, ANYWHERE
INVESTIGATIVE AGENCY, INC.
P.O. BOX 1333
FL POMPAÑO BEACH, 33061**

SUBJECT: _____
Name of Corporation

DOCUMENT NUMBER: P95000015090

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:

KENT DEVEREAUX
Name of Contact Person

Firm/Company

ANYTIME, ANYWHERE
INVESTIGATIVE AGENCY, INC.
P.O. BOX 1333
FL POMPAÑO BEACH, 33061

City/State and Zip Code

KENTPI SOUTH FLORIDA @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENT DEVEREAUX at (954) 426-4395
Name of Contact Person 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

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TALLAHASSEE, FL
SECRETARY OF STATE

**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: ANYTING, ANY HENC INVESTIGATIVE AGENT INC.
2. The principal office address: 600 SW 4TH AVE
FT. LAUD FL 33315
3. The mailing address (if different): PO BOX 1333
POMPANO BEACH FL 33061
4. Date of incorporation/qualification: 2-21-1995 Document number: P95000015090
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)

KENT DEVEREAUX
600 SW 4TH AVE
FT. LAUD FL 33315

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

KENT DEVEREAUX PRES
8916 SW 16 ST
P.O. Box NOT acceptable
BOCA RATON FL 33433

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]
Signature of an officer or director

KENT DEVEREAUX PRES
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.

[Signature]
Signature of Registered Agent

10-29-14
Date

If signing on behalf of an entity:

Typed or Printed Name

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