## P95000025913

•		
(Re	equestor's Name)	
(Address)		
(Ac	idress)	_
(Ci	ty/State/Zip/Phone	<b>⇒</b> #)
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(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2006

ROBERT MYMAN WYMAN ENTERPRISES, INC. 3626 CORAL SPRINGS DR CORAL SPRINGS, FL 33065

SUBJECT: WYMAN ENTERPRISES, INC.

Ref. Number: P95000025913

We have received your document for WYMAN ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

An officer or director must sign below also.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

786.246.8100

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts ¿Document Specialist

Letter Number: 706A00070079

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJI	JECT: Wyman Enterprises, Inc. (Name of Corporat	tion)		
DOCU	CUMENT NUMBER:_ P95000025913			
	enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.		
	se return all correspondence concerning this matter to the	_		
	Robert Wyman (Name of Contact Po	erson)		
Wyman Enterprises, Inc. (Firm/Company)				
3626 Coral Springs Drive (Address)				
	Coral Springs, Florida 33065 (City/State and Zip	Code)		
For fu	urther information concerning this matter, please call:			
Rober	ert Wyman at ( Name of Contact Person)	786 246-8100 (Area Code & Daytime Telephone Number)		
Enclos	osed is a \$35.00 check made payable to the Department of	r 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

statement of ch	nange is submitted for a corporate	ion organized under the laws of the State of Florida  or registered agent, or both, in the State of Florida.			
1. The name of	f the corporation; Wyman Enterp	rises, Inc.			
2. The principa	2. The principal office address: 3626 Coral Springs Drive, Coral Springs FL 33065				
3. The mailing	address (if different):				
4. Date of inco	prporation/qualification: 3/31/199	95 Document number: P95000025913			
	nd street address of the current regartment of State:	gistered agent and registered office on file with the OF STATE OF			
	Robert Wyman				
	1580 NW 128 Drive #30	06 SEE 2			
	Sunrise, Florida 33323	tered agent (if changed) and /or registered office			
6. The name ar (if changed):		tered agent (if changed) and /or registered office			
	Robert Wyman				
	3626 Coral Springs Driv	ve			
	(P.O. Box NO	• •			
	Coral Springs, Florida 3	3065			
The street addr as changed will	ress of its registered office and t ll be identical.	the street address of the business office of its registered agent,			
Such change vauthorized by	vas authorized by resolution dul the board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.			
(Signa	ature of an officer or director)	Robert Wyman, President (Printed or typed name and title)			
I hereby accep I further agree of my duties document is be corporation ha	ot the appointment as registered to comply with the provisions of and I amfamiliar with and accep wing filed merely to reflect a cha ay begin notified in writing of thi	agent and agree to act in this capacity.  of all statutes relative to the proper and complete performance  of the obligation of my position as registered agent. Or, if this  ange in the registered office address, I hereby confirm that the  is change.			
/_	10-	12/4/2006			
	Signature of Registered Agent)	(Date)			
If signing on b	pehalf of an entity:				
	(Typed or Printed Name)	<u> </u>			

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