P95000049756

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	FLAGULL INC Name of Corporation
	Name of Corporation
DOCUMENT NUMBER:	P95000049756
The enclosed Statement of Chang	ge of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	Mary Chenault
	Name of Contact Person
	FLAGULL INC
	Firm/Company
	5557 Sea Forest Dr #310
	Address
	New Port Richey, FL 34652 City/State and Zip Code
E-mail addre	mchenault1@tampabay.rr.com ess: (to be used for future annual report notification)
For further information concerning	at (127) 236-5453 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

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

	e provisions of section hange is submitted for						
	der to change its regis						
1. The name o	of the corporation:	Flac	zull	Inc	<u></u>		··· ··· ··· ···
2. The princip	al office address:	5557	Sea	pres	- ps	#310	
		new	Post	Kic	her,	,te	34652
3. The mailing	g address (if different):		-0-	,			<u></u>
4. Date of inco	orporation/qualification	n: <u>6/23/</u>	1995	Document	number: 👱	P95000	0049156
	nd street address of the partment of State: (If re	_	_	and registere	ed office o	n file with th	ne
	Jim Colvin (dec	eased) Pre	sident				
	5557 Sea Fore	st Dr #310					
	New Port Riche	ey, FL 3465	2				. P
6. The name a (if changed)	nd street address of the	e new registero	ed agent (if	changed) an	d /or regis	tered office	NOV 18
	Mary Chenault,	President					-n (°) (°)
	5557 Sea Fore	st Dr #310					PORA
			Box NOT acce	nable			ن آوڙ
	New Port Riche	y, FL 3465	2				o T
The street add as changed wi	dress of its registered ill be identical.	office and the	street addr	ess of the b	usiness of	fice of its re	gistered agent,
	was authorized by res the board, or the corp						
Signa	iture of an officer or director			Pru	nted or typed i	name and title	
I hereby accel I further agre- of my duties, a document is b corporation h	pt the appointment as e to comply with the pand I am familiar with eing filed merely to re as been notified in wi	registered ag provisions of a n and accept t eflect a chang iting of this c	ent and ag all statutes he obligative in the reg hange.	ree to act in relative to to on of my po gistered offic	this capa he proper sition as r ce address	city. and comple egistered as , I hereby c	ete performance gent. Or, if this onfirm that the
Man	Heyau Smature of Registered Agent	et_			11/14/8	2011	
If signing on l	behalf of an entity:				/ / Daile		
	Mary Chenault	<u></u>					
	Typed or Printed Name						
		* * * FILI!	NG FEE: \$	35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314