

P95000056222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

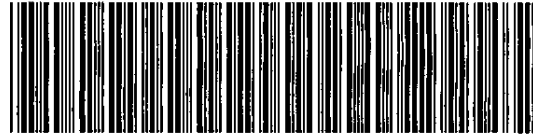
(Business Entity Name)

(Document Number)

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Change

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TALLAHASSEE, FLORIDA

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7/17/07

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AG+E Associates Inc
(Name of Corporation)

DOCUMENT NUMBER: P95000056222

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:

LOUIS SENNO
(Name of Contact Person)

AG+E ASSOC. INC.
(Firm/Company)

57 BAY WAY
(Address)

SAN RAFAEL, CA 94901
(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS SENNO at (415) 482-8828
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2007

Louis Senno
Ag & E Assoc., Inc.
57 Bay Way
San Rafael, CA 94901

SUBJECT: A G & E ASSOC., INC.
Ref. Number: P95000056222

We have received your document for A G & E ASSOC., 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document must have original signatures.

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) 245-6907.

Annette Ramsey
Document Specialist

Letter Number: 007A00042186

RECEIVED
07 JUL 13 AM 8:00
DIVISION OF CORPORATIONS

**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: AG + E ASSOC., INC
2. The principal office address: 223 SUNSET ROAD
WEST PALM BEACH, FL 33401
3. The mailing address (if different): 57 BAY WAY
SAN RAFAEL, CA 94901
4. Date of incorporation/qualification: 7/20/1995 Document number: PA5000056222
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ANITA L. GILBERT

223 SUNSET ROAD

WEST PALM BEACH, FL

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

LOUIS SENNO

223 Sunset Rd.

(P.O. Box NOT acceptable)

West Palm Beach, FL 33401

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.

Timothy J. Jorstad, CEO
(Signature of an officer or director)

TIMOTHY J. JORSTAD
(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.

Louis Senn

(Signature of Registered Agent)

July 9, 2007

(Date)

If signing on behalf of an entity:

LOUIS SENNO

(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)

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TALLAHASSEE, FLORIDA