## P96000079194

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(During Fath, Nam.)					
(Business Entity Name)					
(Document Number)					
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04/12/04--01071--009 \*\*35.00

SECRETARY OF STAIL DIVISION OF CORPORATION

R. A. Charge 4-21-04

## TRANSMITTAL LETTER

SUBJECT: Belclen & Associates Inc (Name of Corporation)
DOCUMENT NUMBER: P96 00079194
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rachel Cook (Name of Person)
Fnebio & Associates (Name of Firm/Company)
3890 Turtle Creek DI SuiteB.
POrt Orange Ft. 32127 (City State and Zip Code)
For further information concerning this matter, please call:
Rachel Cool at (386) 788-6057 (Name of Person) at (386) 788-6057 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Pursuant to th	ne provisions of sections 607.0502	, 617.0502, 607.1508, or 617.15	08, Florida Statutes,
this statement	of change is submitted for a corpor in order to change its regi	ation organized under the laws o	f the State of
of Florida.	in order to change as regi	sierea office or registerea agent,	3
	f the corporation: Belden & Associa	ites, Inc	2004 APR
	al office address: 5825 Southport D		78
1 1			~
3. The mailing	address (if different):		·
<del>-,</del> <u></u>		<u></u>	<u> </u>
4. Date of inco	orporation/qualification: 09/23/19	Document number:	P96000079194
5. The name at	nd street address of the current regi- artment of State:		
	Victoria L Belden	<del></del>	<del></del>
	5825 Southport Drive		
	Port Orange, FL 32127		<del></del>
6. The name a changed):	and street address of the new reginant Seriebis	stered agent (if changed) and /o	r registered office (if
	3890 Turtle Creek Drive Suite B	l mailbox NOT acceptable)	
•	Port Orange, FL 32127		
The street add agent, as chan	ress of its registered office and the ged will be identical.	street address of the business of	fice of its registered
Such change vauthorized by	was authorized by resolution duly a the board, or the corporation has b		or by an officer so inge.
Signature of an other	er, chairman or vice chairman of the board)	Wayne Belden President (Printed or typed name and t	itle)
I hereby accept further agree of the performance of	of the appointment as registered as to comply with the provisions of of my duties, and I am familiar with the Or, if this document is being for the corpora	gent and agree to act in this cape all statutes relative to the proper h and accept the obligation of m iled merely to reflect a change in ation has been notified in writing 12/16/2003	ncity. and complete v position as
If signing on beh	(Signature of Registered Agent)	(Date)	
ir sikinnik on ocu	ani or all cittley.	,	÷ .
	(Typed or Printed Name)	(Capacity)	<u>`</u>

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