

P96 000/02939

4828 S. PENINSULA DR.  
PONCE DELET, FL 32127

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 200002979872--3  
-09/07/99-01109-013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 SEP 20 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

filed  
9/20/99

9/21



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 10, 1999

OLYMPUS CAPITAL INC  
4828 S PENINSULA DR  
PONCE INLET, FL 32127

SUBJECT: OLYMPUS CAPITAL, INC.  
Ref. Number: P96000102939

We have received your document for OLYMPUS CAPITAL, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 487-6908.

Anna Chesnut  
Corporate Specialist

Letter Number: 299A00044811

RECEIVED

99 SEP 20 AM 9:01

DIVISION OF CORPORATIONS

*4828 S. Pen  
Ponce Inlet, FL*

# 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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: OLYMPUS CAPITAL, INC.
2. The mailing address of the corporation is: 4828 S. PENINSULA DRIVE  
PONCE INLET, FL 32127
3. Date of incorporation/qualification: 12/23/96 Document number: P96000102939
4. The name and address of the current registered agent and office:  
~~JAMES W. SPRATT III~~ LEN ARONOFF, ESQ.  
1947 ~~WINTER PARK~~ LEE ROAD, ~~WINTER PARK~~  
WINTER PARK, FL 32789
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
JAMES W. SPRATT III  
4828 S. PENINSULA DRIVE  
PONCE INLET, FL 32127

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.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

JAMES W. SPRATT III - PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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