P97000006950

•					
(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
·					
(Business Entity Name)					
(Document Number)					
(Boodinoit Hamber)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
· -					
L. <u></u> .					





500211300475

08/29/11--01002--023 **35.00

LARIS

11 NUG 29 PH 3: 56

Mg-31-11

COVER LETTER

Amendment Section Division of Corporations

TO:

	Fooy Diekor Colf	Droducto Inc				
SUBJECT:	Easy Picker Golf Name of C	Corporation				
DOCUMENT NUMBER: F		000006950				
The enclosed Statement of	Change of Registered Offic	e/Agent and fee are subm	itted for filing.			
Please return all correspor	dence concerning this matte	r to the following:				
·	Giles H I Name of Co	Meyer, III ntact Person				
Easy Picker Golf Products, Inc. Firm/Company						
	415 Leonard Blvd N Address					
	Lehigh Acres, FL 33971 City/State and Zip Code					
gilesm@easypicker.com E-mail address: (to be used for future annual report notification)						
For further information co	ncerning this matter, please o	call:				
Giles H	l Meyer, III	at (239)	368-6600			
Name of C	ontact Person	at (239) Area Code & Dayt	me Telephone Number			
Enclosed is a \$35.00 check	made payable to the Depart	ment of State.				
D P.	ailing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address: Amendment So Division of Co Clifton Buildi 2661 Executiv	orporations			

Tallahassee, FL 32301

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

	- *		607.1508, or 617.1508, Flo d under the laws of the Sta		
			d agent, or both, in the Sta		
1. The name of	the corporation: Easy	Picker Golf P	roducts, Inc.		
2. The principal	office address: 415 Le	onard Blvd N			
Lehigh Ac	eres, FL 33971				
3. The mailing	address (if different):				
4. Date of incor	poration/qualification:	01 /3 :/1997	Document number:	P97000006950	
	d street address of the cur rtment of State: (If resign		nt and registered office on f	ile with the	
	Denning, Bonnie				
	18120 Riverchase	Court			
	Alva, FL 33920				
6. The name and (if changed):			f changed) and /or register	ed office	
	Hedlund, George (; 			
	63 Wolcott Drive	DO D. MOT			
	P.O Box NOT acceptable North Fort Myers, FL 33903				
The street address changed will	ess of its registered offic be identical.	e and the street add	dress of the business offic	e of its registered agent,	
Such change wanthorized by t	as authorized by resoluti he board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or ed in writing of the chang	by an officer so e.	
Signatu	re of an officer or Ufector		GILES H. MEY	on III - GMGN./VPres	
I harahy accent	the appointment as read	istered agent and a sions of all statute d accept the obliga t a change in the re t of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the	
1/1	may Nell	und_	8-11-11		
Sig	nature of Registered Agent		Date		
If signing on be	chalf of an entity:				
George	yped or Printed Name				

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