P97000015172

(Re	questor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special instructions to	Filing Officer:
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DE JUN 29 AM 8: 2

B.A.
TB 7/2/09

COVER LETTER

TO: Amendment Division of	Section Corporations							
Mala Dagadiana								
SUBJECT:	Web Refle	Corporation						
	rame of C	201 por action						
DOCUMENT NUM	1BER: P97	000015172						
The enclosed Statem	ent of Change of Registered Offic	ee/Agent and fee are submitted for filing.						
Please return all corr	respondence concerning this matte	er to the following:						
	Ron M	∕linkoff						
_		ntact Person						
Web Reflections								
-		ompany						
		•						
	3303 SV	V 4th CT						
-		Iress						
	'							
		El 00004						
Gainesville, FL 32601 City/State and Zip Code								
City/State and Zip Code								
info@webreflections.com								
E-mail address: (to be used for future annual report notification)								
a man addition (to be about to raising annual report notification)								
For further informati	ion concerning this matter, please	call:						
	Ron Minkoff	954 270 0227						
Name	e of Contact Person	at (954) 370-9327 Area Code & Daytime Telephone Number						
Enclosed is a \$35.00	check made payable to the Depar	tment of State.						
	Mailing Address:	Street Address:						
Amendment Section Division of Corporations		Amendment Section						
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building						
	Tallahassee, FL 32314	2661 Executive Center Circle						
	1 ananassee, 1 L 32314	Tallahaccee FI 32301						

CR2E045 (8/05)

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

statement of change	ovisions of sections 607 te is submitted for a cor to change its registered	poration organize	d under the laws of th	e State of Flo	orida	_
	o o			e siale of 140	riua.	
1. The name of the	corporation: Web R	MAth CT	rne.	*.1 *3-1 :		
2. The principal off	fice address: 3303 3V	• • • • • • • • • • • • • • • • • • • 	zainesville, i	1 3000	01	
3. The mailing addr	ress (if different):					
4. Date of incorpora	ration/qualification:	02/17/1997	Document number	: P9	700001517	72
	treet address of the current of State: (If resigne		nt and registered offic	e on file with	the	
` <u>R</u>	Ron Minkoff	 				
58	813 NW 32nd St	'				
G	Sainesville, FL 326	53		,	ASE SE	
6. The name and str (if changed):	reet address of the new			•	2009 JUN 29 SECRETARY TALLAHASSE	
<u>R</u>	Ron Minkoff	·			E P	
<u>3:</u>	303 SW 4th CT	P.O. Box NOT ac	contable		B: 25	, '
G	Sainesville, FL 3260		cepaole		₽ _	
The street address as changed will be	of its registered office	and the street ad	dress of the business	office of its	registered ag	ent,
	authorized by resolutic board, or the corporati					
Signature of	Man officer or director	 -	Ro Printed or typ	n Minkoff ed name and title		_
I hereby accept the I further agree to c of my duties, and I document is being corporation has be	e appointment as regis comply with the provis I am familiar with and filed merely to reflect een notified in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change	ngree to act in this co s relative to the prop tion of my position o egistered office addr	ipacity. per and comp is registered o ess, I hereby	lete performe agent. Or, if confirm that	ince this the
Signatu	M m/L mure of Registered Agelot		6	5/24/09 Date		_
If signing on behal	lf of an entity:					
	Ron Minkoff d or Printed Name					

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