

P97000024016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

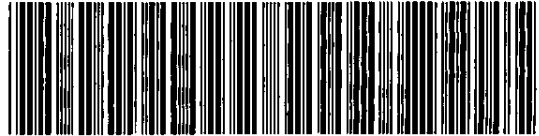
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300162137923

12/07/09--01057--010 **35.00

FILED
2009 DEC -7 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*NO charge
thru 16*

12-11-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dear Therapeutic Enterprises Inc
Name of Corporation

DOCUMENT NUMBER: P97000024016

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:

Randall Dear
Name of Contact Person

Dear Therapeutic Enterprises Inc
Firm/Company

10524 Lake Williams Dr
Address

Ocala, FL 33556
City/State and Zip Code

Rdear11@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall Dear at (727) 4583667
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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dear Therapeutic Enterprises Inc
2. The principal office address: 10524 Lake Williams Dr
Odessa, FL 33556
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/11/1997 Document number: P97000024016

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Randall Dear
16322 Offenhaus Rd
Odessa, FL 33556

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

Randall Dear
10524 Lake Williams Dr
Odessa, FL 33556
P.O. Box NOT acceptable

FILED
2009 DEC -7 P 3 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Randall Dear
Signature of an officer or director

Randall Dear President
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.

Randall Dear
Signature of Registered Agent

11/30/09
Date

If signing on behalf of an entity:

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