## Electronic Filing Cover Sheet

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(((H08000121202 3)))



H080001212023ABCQ

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSH ROSS, P.A.

Account Number: Il9990000150 Phone : (813)224-9255

Fax Number : (813)223-9620

Celeste Perrino

(999999.99999)

## REGISTERED AGENT CHANGE

CHOSEN COMMUNICATION SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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## **COVER LETTER**

To: Amendment Sea Division of Cor		·		
	•	·		
SUBJECT:	Chosen Corr	Chosen Communication Services, Inc.		
	(Name of Co	rporation)		
DOCUMENT NUMB	ER: P970000417	96		
The enclosed Statemen Please return all corresp	t of Change of Registered ( pondence concerning this n	Office/Agent and fee are submitted for filing. natter to the following:		
	Celeste P	errino		
(Name of Contact Person)				
Bush Ross, P.A.				
(Firm/Company)				
,	1801 North_	Highland Avenue		
(Address)				
Tampa, Florida 33602				
(City/State and Zip Code)				
For further information	concerning this matter, pl	ease call:		
Celeste Perrino	at (	813 ) 204-6425		
(Name of Cont		(Area Code& Daytime Telephone Number)		
Enclosed is a \$35.00 cl	heck made payable to the D	Department of State.		
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations	Division of Corporations		
· · · · · · · · · · · · · · · · · · ·	P.O. Box 6327	2661 Executive Center Circle		
'	Tallahassee, FL 32314	Tallahassee, FL 32301		

CR2E045 (8/05)

(((H080001212023)))

(((H08000121202 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:	Chosen Communication Services, Inc.	
2. The principal office address:	202 LAKE MIRIAM DR. XW3, LAKELAND, FL 338 815 Creative Dave Likeland, FL 31813	13
3. The mailing address (if different):	P. O. Box 6172, Lakeland, FL 33807	
4. Date of incorporation/qualification:	05/07/1997 Document number: <u>P97000041</u>	796
<ol> <li>The name and street address of the cur Florida Department of State:</li> </ol>	rrent registered agent and registered office on file with the	
Jeremy P. Ross		0
220 S. Franklin Street		œ ⊒≰
<u>Tampa, FL 33602</u>		2
6. The name and street address of the ne (if changed):	w registered agent (if changed) and /or registered office	1 F- YAM 80
· · · · · · · · · · · · · · · · · · ·	ristered Agent Services, LLC	7 PH 2: 08
1801 North Highland Avenue		2: [
Tampa, Florida		œ
as changed will be identical.		outhorized
I hereby accept the appointment as regist.  I further agree to comply with the provis of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing of (Signature of Registered Agent)  If signing on behalf of an entity:  (Typed or Printed Name)  **  MAKE CHECKS P MAIL TO: DIVISION OF CO	ered agent and agree to act in this capacity.  ions of all statutes relative to the proper and complete per accept the obligation of my position as registered agent, a change in the registered office address. I hereby confir	rformance Of, if this m that the
CR2E045 (8/05)	·	
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