P910000 76374

(Requestor's Name)				
(Address)				
(Address)				
(121.222)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
•				
(Business Entity Name)	—			
(Document Number)				
Certified Copies Certificates of Status	<u></u>			
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Special Instructions to Filing Officer:	\neg			
Opecial districtions to Filling Officer.				

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:	Pigner Investment (Proposed corpo	put of Volusia	Courty Comparation		
It change oddress & Carl Capy out starten					
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
☐ \$70.00 Filing Fee	3 \$78.75	S78.75 Filing Fee & Certified Copy ADDITIONAL COP	Filing Fee. Certified Copy & Certificate of Status		
FROM: Robert M. Croasmun Name (Printed or typed)					
2494 TONOKa Farms Rd, Box 291367					
Port Orange FL 32129-1367 City/State & Zip					
386 679-0607 Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

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

•	7.0502, 607.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of submits the following statement in order to change is	ts registered office or registered agent, or both, in the
State of Florida.	by regime; the system of regions on agein, or cour, we we
1. The name of the corporation is: Pibneek 11	Nestmons of Udusia County Corporation
2 The mailing address of the corporation is:	
	32129-1367
3. Date of incorporation/qualification: Oct 12,	1999 Document number: P9700007637.4
4. The name and address of the current registered ag	ent and office:
Robert M. GEDAS	inun
909 Beville RO	
D.B.793217	D
5 The name and address of the new registered agent	
Robert Mc CROQ	SMERT ST
2494 Tomoka F	erms Rd Box 291367 5 5
Port Overge, 1	-C 32129-1367
The street address of its registered office and the sagent, as changed, will be identical.	treet address of the business office of its registered
Such change was authorized by resolution duly ad authorized by the board.	opted by its board of directors or by an officer so
Mala Maria	6-14-09 (Date)
Signature of an officer, chairman or vice chairman of the	te board) (Date)
Robert Mc Changement (Printed or typed name and title)	~
Having been named as registered agent and to acceptoration, I hereby accept the appointment as re I jurther agree to comply with the provisions of all performance of my duties, and I am familiar with a	rept service of process for the above stated egistered agent and agree to act in this capacity. I statutes relative to the proper and complete and accept the oblivation of my position as
registered agent.	
(Signature of Registered Agent)	6-11-09
If signing on behalf of an entity:	(2000)
Robert M. CROASMUN (Typed or Printed Name)	Pres-Director CEO
(Typed or Printed Name)	(Capacity)
* * * FILING F	EE: \$35.00 * **

P.O. Box 6327

TALLAHASSEE, FL 32314

CR:!E045(7/97)

DIVISION OF CORPORATIONS