## P97000079182

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

то:	Amendment Sect Division of Corp	ion orations			
SUBJE	ECT:	DEVELOPMENT (Na	ACCOUNTING	SERVICES, INC.	
DOCU	MENT NUMBEI	R:P91	7000079182		
The end	closed Statement of	of Change of Register	ed Office/Agent a	nd fee are submitted for filing.	
Please	return all correspo	ndence concerning th	is matter to the fo	llowing:	
		LILLIE E	E. BODIN		
(Name of Contact Person)					
DEVELOPMENT ACCOUNTING CERTIFICATION					
DEVELOPMENT ACCOUNTING SERVICES, INC. (Firm/Company)					
	1303 JASMINE STREET STE. 104L				
(Address)					
	EEDNANDINA DENGU DI 20024				
	FERNANDINA BEACH, FL 32034 (City/State and Zip Code)				
For furt	ther information co	oncerning this matter,	please call:		
	LILL (Name of	Contact Person)	at (	941 ) 302-1452 rea Code & Daytime Telephone Number)	
Enclose	ed is a \$35.00 chec	k made payable to th	e Department of S	State.	
	<b>a</b>	Anilima Adduses.		Street Address.	
	<u> </u>	Mailing Address: Amendment Section		Street Address: Amendment Section	
		Division of Corpora	tions	Division of Corporations	
	P	P.O. Box 6327		Clifton Building	
	T	Tallahassee, FL 323	14	2661 Executive Center Circle	
				Tallahassee, FL 32301	

. TO:

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

	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State of FLORIDA
	d office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	DEVELOPMENT ACCOUNTING SERVICES, INC.
2. The principal office address:	1303 JASMINE STREET, STE.104L
•	FERNANDINA BEACH, FL 32034
3. The mailing address (if different):	
4. Date of incorporation/qualification:	09-12-1997 Document number: <u>P97000079182</u>
5. The name and street address of the cur Florida Department of State:	rrent registered agent and registered office on file with the
LI	LLIE E. BODIN
711	S. OSPREY AVE., Ste.#1
	SOTA, FL 34236 유 구 교
6. The name and street address of the ne (if changed):	w registered agent (if changed) and /or registered office
<u> </u>	ILLIE E. BODIN
1303	JASMINE STREET, STE. 104L
	. Box NOT acceptable)
FERI	NANDINA BEACH, FL 32034
The street address of its registered office as changed will be identical.	ce and the street address of the business office of its registered agent,
_	tion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
(Signature of ariomicer or director)	LILLIE E. BODIN Pres. (Printed or typed name and title)
I hereho accent the annointment as rea	ristered agent and agree to act in this capacity.  isions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this ct a change in the registered office address. I hereby confirm that the
	11-19-07
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	
(-/F-2 0	

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