P98000006828

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SECRETARY OF STATE
AND ANASSEE, FLORIDA

T. Roberts NOV 3 0.2007

COVER LETTER

Division of Corporations
SUBJECT: Volz, = (Name of Corporation)
DOCUMENT NUMBER: 79800006828
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:
(Name of Contact Person)
Volt Firm/Company)
(Firm/Company) (Firm/Company) (Address)
N. Ujoni, 53/69 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 604-5992 (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

statement of cha	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of Florida . When the change its registered office or registered agent, or both, in the State of Florida.	4
	the corporation:	
	office address: 2670 NE 13574 87	
" Now	TH Mioni, FC 33109	
3. The mailing a	address (if different): 40209 Fisher Island Driv	
FIE	the Folond, FC 33109	
4. Date of incorp	rporation/qualification: 1.12.1798 Document number: P9800000	<u>6828</u>
	nd street address of the current registered agent and registered office on file with the current of State:	
	Robert 3. Vole	_
Mailing Addrass	40209 Fisher Folond Driver	7 KO
	_ Miani. FX 33109 35	FE.1
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	D 21 H
	2670 NE 135-TH STREET (P.O. Box NOT accoptable) No. 174 Mindi FC . 33181	
	No.174 Mindi, Fe . 33181	
as changed will		jent,
Such change we authorized by the	has authorized by resolution duly adopted by its board of directors or by an officer so the board of the corporation has been notified in writing of the change.	
(Signate	bare of an officer or director) (Printed or typed name and fille)	
I hereby accept I further agree to of my duties, an	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete perform nd I am familiar with and accept the obligation of my position as registered agent. Or, ij ing filed merely to reflect a change in the registered office address, I hereby confirm that is been notified in writing of this change.	ance f this t the
\	11.15.07	
\times	ignature of Acgustrator Agent) (Date)	
If signing on be	ehalf of an entity:	
Rob	Typod or Printod 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 CR2E045 (8/05)