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COVER LETTER

Division of Corporations
SUBJECT: Golden Abbey Enterprises, I. for. (Name of Corporation)
DOCUMENT NUMBER: P 980000 (088)
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:
Monvel P. Saldon (Name of Contact Person)
(Name of Contact Person)
Golden Abben Enterprise, I. In.
(321 Herbert St. (Address)
Port Orange FL 32129
(City/State and Zip Code)
For further information concerning this matter, please call: Manuel Contact Person Area Code & Daytime Telephone Number
(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclosed is a \$28.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the pro statement of change							la
in order to	change its reg	istered office o	or registered agen	t, or both,	, in the State o	f Florida.	
1. The name of the	corporation:	Golde	n Abbun	Sinte	censu.	4.fn.	
2. The principal off	ice address:	1321	Herbert	<u>\$</u>	1		
		York	(heards!	TV_	32129		
3. The mailing addr	ess (if different):	-50 VI-9 /				•
4. Date of incorpora	ntion/qualificati	on: 23 1	948 Doo	cument nu	ımber:	800001	0881
5. The name and str Florida Departme		he current reg	istered agent and	registered	office on file	with the	
riorida Departine	an or state.	Scheet	er, llanda	U			
<u></u>		1030	U. Enkrud	himl	Sperking	(Sa. Zs	06 _
_		Open took	a benti	R	32114	至	
6. The name and str (if changed):	eet address of t	à Đ	ered agent (if chan	ged) and	or registered	office ASSEE FL	TO PMIZING
	1321	Herbu	rt St.				1 5
	Port	(P.O. Box NOT	ki j	32(29		-
The street address of as changed will be	of its registered identical.	l office and th) ne street address o	of the bus	iness office o	f its registered	l agent,
Such change was a authorized by the b	uthorized by reoard, or the co	solution duly rporation has	adopted by its been notified in	oard of di writing of	rectors or by the change.	an officer so	
(S/gnature of	Tan Officer or directo	or)	_ <u>m</u>	(Printe	SA-	PON and title)	<u></u>
I hereby accept the I further agree to co of my duties, and I document is being to corporation has be	omply with the am familiar wi filed merelv to	provisions of ith and accept reflect a chan	fall statutes relat t the obligation of the in the register	o act in the ive to the fact in the fact i	his capacity, proper and dison as registe address, The	complete perfo red agent. O reby confirm	ormance r, if this that the
(Signatu	noof Registered Agr	ent)			(Date)		
(Type:	i or Printed Name)	,	 ,	_			

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