

City/State/Zip

CR2E031(7/97)

Phone #

300003341483---08/01/00--01015--004 *****35.80 *****35.80

Examiner's Initials

	Office Use Only
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if known):
1	
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4.	DO JUI
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Floris
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: 20, the discount of the corporation is: 20, the discount of the corporation is:
2. The mailing address of the corporation is: 7. 5. Box 2580
3. Date of incorporation/qualification: 2/23/98 Document number: 298000017465
4. The name and address of the current registered agent and office:
<u> </u>
1120 Rock H.11 Kd. Sig & TI
Detuniak Sonings, Fl 32433 8 = =
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
- Contraction of the second of
-1130, KOCK H.11, KY.
Do Funiak Springs, Fl. 32433
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board.
(Signature of an officer, chairman of vice chairman of the board) (Date)
1 0 11 20 11 70
(Printed or typed name and title)
Having heen named as registered agent and to accept service of process for the above stated
Corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314