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Office Use Only



## **COVER LETTER**

TO:	Amendment Section Division of Corporatio	ns					
SUBJECT:		Saturn Build	ding Inc.				
		Name of C	Corporation				
DOCU	MENT NUMBER:	P98	8000040872	·			
The en	closed Statement of Cha	nge of Registered Offic	ce/Agent and fee are subm	itted for filing.			
Please	return all correspondence	e concerning this matte	er to the following:				
		William	n Bartlev				
	<del>a a </del>	Name of Co	n Bartley ontact Person				
		Cius Claulus Ba					
			anagement LLP				
		rinive	ompany				
	600 Druid Road East						
	Address						
		<b>.</b>					
	Clearwater, Fl. 33756 City/State and Zip Code						
		City/State a	uid Zip Code				
	E-mail add	lress: (to be used for	future annual report not	fication)			
For fur	ther information concern	ning this matter, please	call:				
	William B	artley	at ( 727 )	535-9895			
	Name of Contac	ct Person	Area Code & Day	535-9895 time Telephone Number			
Enclos	ed is a \$35.00 check made	de payable to the Depar	rtment of State.				
	<u>Mailin</u> Amen	g Address: dment Section	Street Address Amendment S	<u>s:</u> Section			
		on of Corporations	Division of C	•			
		Box 6327	Clifton Build	_			
	Tallah	assee, FL 32314	2661 Executi Tallahassee, I	ve Center Circle FL 32301			

, . 15<del>4</del>

TO:

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

statement of cha	ange is submitted for a cor	poration organiz	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Stat	te of Florida			
1. The name of the corporation: Saturn Building, Inc.							
2. The principal office address: 600 Druid Road East; Clearwater, Fl. 33756							
3. The mailing a	address (if different): SAN	ИE					
4. Date of incor	poration/qualification:	05/98	Document number:	P98000040872			
	d street address of the curre rtment of State: (If resigne		ent and registered office on f	ile with the			
	Jacobs, Lenore (RE	ESIGNED)					
	600 Druid Rd. E						
	Clearwater, Fl. 3375	56		·			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Andrea Kiesel			FII 2 IAR HASS			
	600 Druid Road Eas			——————————————————————————————————————			
	Clearwater, FL. 337	P.O. Box NOT:	acceptable	N 1: 4: STATE			
The street addr as changed will	ess of its registered office l be identical.	and the street a	ddress of the business offic	e of its registered agent,			
Such change wauthorized by t	as authorized by resolution he board, or the corporation	on duly adopted on has been noti	by its board of directors or fied in writing of the chang	by an officer so ge.			
Symath	pe of an officer or director		Michael S. Printed or typed name	Moyles ne and title			
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as regis to comply with the provis nd I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and ions of all statu accept the oblig a change in the of this change.	agree to act in this capacites relative to the proper areation of my position as reg registered office address, I	ly, nd complete performance sistered agent. Or, if this hereby confirm that the			
Signature of Registered Agent Date							
	ehalf of an entity:		Date				
<del></del>	Andrea Kiesel Typed or Printed Name	·					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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