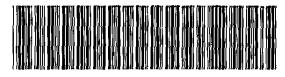
P98000062854

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP W	AIT MAIL	
(Business En	tity Name)	
(Document N	umber)	
Certified Copies Cert	tificates of Status	
Special Instructions to Filing Offic	er:	
	}	
	ł	
	j	
	Ì	
		

Office Use Only



800056244428

06/24/05--01048--009 **105.00

O5 JUN 24 PM 3: 27
SECRETARY OF STATE
ANASSEE, FLORID;

01 46012

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJECT: EARL FLOYD ENTERPRISES, INC (Name of corporation)				
DOCU	MENT NUMBER: P98000062854			
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:				
	EARL FLOYD (Name of co	entact person)		
EARL FLOYD ENTERPRISES, INC (Firm/Company)				
310 FLORA DRIVE (Address)				
FLORAHOME, FLORIDA 32140 (City/state and zip code)				
For fur	ther information concerning this matter, please	call:		
LISA W	/IGGINS	at (386) 328-4164 (Area code & daytime telephone number)		
	(Name of contact person)	(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 409 E. Gaines Street Tallahassee, FL 32399		

CR2E045(6/04)

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

statement of ch	aange is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ation organized under the laws of the State of FLORIDA
. —		ce or registered agent, or both, in the State of Florida.
1. The name of	the corporation: EARL FLOYI	DENTERPRISES INC
2. The principa	al office address: 310 FLORA [DRIVE FLORAHOME, FLORIDA 32140
3. The mailing	address (if different): 310 FLC	PRA DRIVE FLORAHOME, FLORIDA 32140
4. Date of incom	rporation/qualification: 06/01/2	2005 Document number: P98000062854
	nd street address of the current partment of State:	registered agent and registered office on file with the
	MARGARET FLOYD	
	310 FLORA DRIVE	TALLES OF T
	FLORAHOME, FLORIDA 3	2140
6. The name an (if changed):		istered agent (if changed) and /or registered office
	EARL FLOYD	
	310 FLORA DRIVE	*
	(P.O. Box N	NOT acceptable)
	FLORAHOME, FLORIDA 3:	2140
The street addr as changed wil	ress of its registered office and Il be identical.	d the street address of the business office of its registered agent,
Such change wanthorized by t	vas authorized by resolution d the board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
_Earl	floy	EARL FLOYD/PRESIDENT
_	ture of an officer of director)	(Printed or typed name and title)
I hereby accep. I further agree of my duties, ai document is be corporation ha	i the appointment as registere to comply with the provisions and I am familiar with and accing filed merely to reflect a cist been notified in writing of the control of th	ed agent and agree to act in this capacity. If of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.
(S	ignature of Registered Agent)	(Date)
If signing on be	ehalf of an entity	_ _ _
	[]	

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