P9800007/889

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į
	Office Use On	ly



700080760887

10/16/06--01008--007 **35.00

A CAMB

OGOCT IG PH 1:53

COVER LETTER

			•		
TO:	Amendment Section Division of Corporation		3	•	
SUBJ	јест: <i>Те т</i>	Henburn M (Name of C	a sonly, I orporation)	ac.	
DOC	UMENT NUMBER:	7980000	71884		
The e	nclosed Statement of Chan	ge of Registered Office	e/Agent and fee are	submitted for filin	ng.
Please	e return all correspondence	concerning this matter	to the following:		
	a a second of the second of	Les Tet			
		(Name of Con Hen by N / (Firm/Co	,	Ivr.	
		8676 E. F.	• • •	1	
		Floral C. Ty (City/State ar	FL 34	436	
For fi					
	orther information concerning the second of Contact (Name of Contact)	t Person)	at (<u>352</u>) (Area Code 8	400 - 0 & Daytime Teleph	1039 none 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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	nge is submitted for a corporation organized under the laws of the State of
in order	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: Tetten DIN Mason (4) tar.
2. The principal	office address: BOTO E. Haines Court
	Floral City, FL 34436
3. The mailing ac	Idress (if different): Same
4. Date of incorp	oration/qualification: 8/14/98 Document number: P98000071884
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	Rogel Angered P.O. Box 1869 H318 S. Flori sa. AVE, Lot +1
	P.O. Box 1869 4318 S. Florisa AVE, Lot +1
	Inverness, FL 34450
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office ASE CRECKED AND AND AND AND AND AND AND AND AND AN
	BUTG E. Haines Cost Program R. S.
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change
X July (Signatur	Estation Les Tetten Dorn, Prosident
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
x ffutt	Addustreed Agent) 8 /0-/0-06 (Date)
If signing on bel	h Jethaburn
ťΤ	vped or Printed Name)

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