

P98000077406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

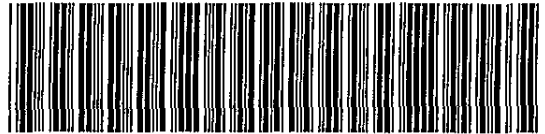
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700023195187

09/29/03--01032--001 **35.00

FILED
03 SEP 29 14 03 50
FBI - MEMPHIS

RA change
T. Lewis 10/2/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Executive Shoppe, INC
(Name of corporation)

DOCUMENT NUMBER: _____

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:

James Shipley
(Name of person)

(Name of firm/company)

999 Piedmont Oaks Drive
(Address)

Apopka, FL 32703
(City/state and zip code)

For further information concerning this matter, please call:

JAMES Shipley at (407) 889 8245
(Name of 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

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, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Executive Shoppe, Inc
2. The principal office address: 999 Piedmont Oaks Drive
Apopka FL 32703
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/19/98 Document number: P98000077406
59-3530718
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Thomas Shipley
9009 Lake Charity Dr
Maitland FL 32751

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James Shipley
999 Piedmont Oaks Drive
(P.O. Box or personal mailbox NOT acceptable)
Apopka FL 32703

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, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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