49000009378

| (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



600151729216

04/23/09--01008--024 **35.00

C.COULLIETTE

MAY 11 2009

EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: Fintustic, Inc. (Name of Corp.) | oration) |
| DOCUMENT NUMBER: \$9900000 937 | පි |
| The enclosed Statement of Change of Registered Office/A | gent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to | the following: |
| Steve Papen (Name of Contact | |
| (Name of Contac | rt Person) |
| Fintastic, Inc. (Firm/Comp | any) |
| 1/723-815+Ave N. (Address |) |
| Seminde, FC 33773 (City/State and Z |) (ip Code) |
| For further information concerning this matter, please call: | |
| | (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department | nt 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2009

STEVE PAPEN FINTASTIC, INC. 11723 81ST AVE NORTH SEMINOLE, FL 33772

SUBJECT: FINTASTIC, INC. Ref. Number: P99000009378

We have received your document for FINTASTIC, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 109A00014096

*** *** SECRETARY OF STATE.
TALLAHASSEE.FLORIDA

00:8 MA 8- YAM 800S

RECEIVER

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

| Pursuant to the provisions of sections 607.0502, 617.0 | | |
|--|---|---------------|
| statement of change is submitted for a corporation org in order to change its registered office or reg | ganizeu unaer ine iaws of the State of gistered agent, or both, in the State of Florida. | |
| | | |
| 1. The name of the corporation: F7774S77C | Ine. Le N. Seminse, Fi 33772 | _ |
| 2. The principal office address: //723-8/3* Av | R. M. Jeminde, Fr. 33772 | - |
| 3. The mailing address (if different): | | _ |
| 4. Date of incorporation/qualification: 1/37/99 | Document number: <u>\(\begin{align*} \text{P900000937-8} \\ \end{align*}</u> | - - |
| 5. The name and street address of the current registere Florida Department of State: (If resigned, enter resignation of the current resignation of the current registere florida Department of State: (If resigned, enter resignation of the current registere). | gned) | , |
| James Horder | (Kesigned) Steven Papen (re | Sygue |
| 425-15012 Ave | 11723-Bpst Ane N. | |
| Hadria Beach, F | 2 33708 Seminole, FC 33772 | |
| The name and street address of the new registered a (if changed): | agent (if changed) and /or registered office | |
| Nancy L. Papen | TARY OF SIA DF CORPORATION OF SIA | 71) |
| 19201 VISTA Lar | ne # 86 = 50 | ere er |
| Indian Shores, + | L 33785 - S | |
| The street address of its registered office and the streas changed will be identical. | eet address of the business office of its registered agent, | |
| Such change was authorized by resolution duly ador authorized by the board, or the corporation has been | pted by its board of directors or by an officer so inotified in writing of the change. | |
| Calal Has | VP | |
| (Signature of an officer or director) | (Printed or typed name and title) | |
| I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the c document is being filed merely to reflect a change in corporation has been notified in writing of this chan | and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the nge. | |
| Names & Ban | 4-15-09 | |
| (Signature of Registered Agent) | <u>4-15-09</u> (Date) | |
| If signing on behalf of an entity: | • | |
| (Typed or Drinted Name) | • | |
| (Typed or Printed Name) | | |

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