P9900014217

| (Re | questor's Name) | | | |
|---|-------------------|-----------|--|--|
| (Ad | dress) | | | |
| (Address) | | - Fa | | |
| (Cit | y/State/Zip/Phone | <u> </u> | | |
| | WAIT | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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JUN 23 2016

I ALBRITTON

COVER LETTER

TO: A

Amendment Section Division of Corporations

SUBJECT:

Charts In Time, Inc.

Name of Corporation

DOCUMENT NUMBER:

P99000014217

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:

Menta S Spigner

Name of Contact Person

Charts In Time, Inc.

Firm/Company

P. O. Box 1115

Address

Odessa, FL 33556-1043

City/State and Zip Code

sspigner@chartsintime.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Menta S Spigner

. 121

329-8801

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of che | provisions of sections 607.0502, 617.050. ange is submitted for a corporation organ er to change its registered office or registe | ized under the laws of the State | e of Florida |
|--|--|---|---------------------------------|
| | the corporation: Charts In Time, | - | 3 |
| | office address: 14538 Middlefiel | d Lane | |
| | Odessa, FL 335 | 56-3631 | |
| 3. The mailing a | address (if different): P. O. Box 11 | 15 | |
| | Odessa, FL 335 | | |
| 4. Date of incor | poration/qualification: 02/10/1999 | Document number: | P99000014217 |
| | d street address of the current registered agriment of State: (If resigned, enter resigned | | le with the |
| | Menta S Spigner | | |
| | 6740 Crosswinds Dr N, Suite | e L | |
| | St. Petersburg, FL 33710 | | 20 SE TAL |
| 6. The name and (if changed): | d street address of the new registered agen | t (if changed) and /or registered | ZOI6 JUN 17 SECRETARY ALLAHASSE |
| | Menta S Spigner | | 1717- |
| | 14538 Middlefield Lane | | AMII: 07 PE SPATE FELORIDA |
| | P.O. Box NOT a Odessa, FL 33556-3631 | icceptable | 07 |
| The street address changed will | ess of its registered office and the street a be identical. | ddress of the business office of | of its registered agent, |
| Such change was authorized by the | as authorized by resolution duly adopted ne board, or the corporation has been not | by its board of directors or by ified in writing of the change. | an officer so |
| 7 | | Menta S Spigner, P | |
| I hereby accept I further agree performance of | the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in | tes relative to the proper and ecept the obligation of my posi | complete ition as registered |
| <u></u> | | June 15, 201 | 16 |
| | half of an entity: | Date | |
| | voed or Printed Name | | |

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