## P99000029441

(Requestor's Name)						
(Address)						
(Address)						
•						
(Address)						
(12000)						
(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



400157677144

07/07/09--01015--026 \*\*70.00

SECRETARY OF STATE

C.COULLIETTE

JUL 1 3 2009

**EXAMINER** 

## **COVER LETTER**

то:	Amendment Section Division of Corporati	ons						
SUBJE	CCT:	beepers 'n ph	ones, inc.	<del>,,,</del>				
		ratio of C	orporation					
DOCU	MENT NUMBER:	P99	000029441					
The end	closed Statement of Ch	ange of Registered Offic	e/Agent and fee are subr	nitted for filing.				
Please	return all corresponden	ce concerning this matte	r to the following:					
	adam J grow Name of Contact Person							
Name of Contact Person								
beepers 'n phones, inc.								
	Firm/Company							
	777 N Ashley Dr #2913							
	Address							
	Tampa, FL 33602							
	Tampa, FL 33602 City/State and Zip Code							
	adam7050@yahoo.com							
	E-mail address: (to be used for future annual report notification)							
For fur	ther information conce	rning this matter, please	call:					
	adam j	grow	at ( 305 )	810-9421				
	Name of Conta		Area Code & Day	810-9421 ytime Telephone Number				
Enclose	ed is a \$35.00 check m	ade payable to the Depar	tment of State.					
	Ame	ng Address: ndment Section	Street Addres Amendment	Section				
		sion of Corporations  Poy 6327		Corporations				
		Box 6327 hassee, FL 32314	Clifton Build 2661 Execut Tallahassee,	ive Center Circle				

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

statement of cha	mge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	te of FL		
1. The name of t	the corporation: beepe	rs 'n phones	, inc.			
2. The principal Tampa, Ft	office address: 777 N /		3			
•		•				
4. Date of incorp	poration/qualification:	3/1/1999	Document number:	P99000029441		
	d street address of the cur tment of State: (If resign		nt and registered office on f	ile with the		
	adam J grow					
	13854 Lake point dr					
	clearwater, fl 33762	2		O SI		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
adam j grow SRY T						
						P.O. Box Tampa, FL 33602
The street address changed will	ess of its registered offic be identical.	e and the street ac	ddress of the business office	e of its registered agent,		
Such change wa authorized by the	as authorized by resoluti ne loard, or the corporat	on duly adopted t ion has been noti	by its board of directors or fied in writing of the chang	by an officer so ge.		
Signatu	e of an officer or director		adam j			
- / /	<i>7</i>	stered agent and sions of all statut d accept the oblig t a change in the g of this change.	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, T			
	S Project Library		7/1/20	09		
V	nature of Registered Agent		Date			
it signing on be	chalf of an entity:					
7	adam j grow					

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