P99000039324

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT:_Andersen Bookkeeping Services, Inc.	ن * ت
(Name of corporation)	
DOCUMENT NUMBER: P99000039324	en e
The enclosed Statement of Change of Registered Office/Agent a	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	
Elizabeth Crawford	
(Name of person)	E
Andersen Bookkeeping Services, Inc.	
(Name of firm/company)	
1885 S E 173 Ave	
(Address)	ing and the second of the seco
Silver Springs, FL 34488-6028	1000081616418 -10/02/0201067005 -10/02/02-01067005
(City/state and zip code)	-10/02/02-01001 ******35.00 ******35.00
For further information concerning this matter, please call:	
Elizabeth Crawford at (352) 6	25-2740
	sytime telephone number)

Mailing Address:
Amendment Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RAChg.

CR2E045(07/02)

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

Pursuant to the	provisions of sections 607.0502, 6	17.0502, 607.1508, or 617.150	8, Florida Statutes,
•	change is submitted for a corporati	•	
Florida	in order to change its registe	red office or registered agent,	or both, in the State
of Florida.	Andanan Darkkaan	ine Cardena las	
1. The name of t	he corporation: Andersen Bookkeep	ing Services, Inc.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
2. The principal	office address: 1885 S E 173 Ave		27
Silver Spring	s, FI 34488-6028		,
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: April 26, 19	99 Document number:	P99000039324
	I street address of the current registe tment of State: Elizabeth Andersen	red agent and registered office of	on file with the
	313 Dirksen Dr, Unit F12	· · · · · · · · · · · · · · · · · · ·	
	DeBary, FL 32713	·····	
6. The name an changed):	d street address of the new register	red agent (if changed) and /or	registered office (if
•	1885 S E 173 Ave	_	
-	(P.O. Box or personal ma	tilbox NOT acceptable)	
_	Silver Springs, FL 34488-6028		<u> </u>
	ess of its registered office and the st ed will be identical.		
Such change wa authorized by the	as authorized by resolution duly add board, or the corporation has bee	opted by its board of directors on notified in writing of the cha	or by an officer so nge.
Ellabeth (Inderson Crawford	Elizabeth Crawford, President	
-/ /	chairman or vice chairman of the board)	(Printed or typed name and ti	
performance of registered agen	the appointment as registered ages to comply with the provisions of all my duties, and I am familiar with a t. Or, if this document is being file I hereby confirm that the corporation	ind accept the obligation of my d merely to reflect a change in	position as the registered
Elmabeth	Crawford	September 30, 2002	
(S	ignature of Registered Agent)	(Date)	_
If signing on behal	f of an entity:		
· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name)	(Capacity)	

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