P99000063924

(Re	equestor's Name)	
(A	ddress)	
(A	ddress)	· · ·
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	· Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORID,

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FLATION DIVING INC Name of Corporation
DOCUMENT NUMBER: P99 0000 63924
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:
VASILIOS D. IXALSOS Name of Contact Person
FLATION DIVILLA FIRM/Company
P.O. Box 159 Address
OZONA PZ 34660 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 492 6605 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 change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FUTTRON DC.11/196 FAC
2. The principal office address: 29712 US Hury 19 N. Unit 525
clearusser, PL 3376/
3. The mailing address (if different): P.O. Bux 159, 02012, FL 34660
4. Date of incorporation/qualification: 7/12/1999 Document number: P990000 63 929
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
553 Vista Trail Court
Palm Harbor, FL 34683
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
VASILIOS ILAISOS
297/2 US HWY 19 N. LW 15 525 P.O. Box NOT acceptable
clearuser, FL 7376/
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 or director VAS'11'85 D. KAYS DS 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.
DV2 3/11/240-
Signature of Registered Agent Date Signature of Registered Agent Diste Signature of Registered Agent Diste Signature of Registered Agent
It signing on behalf of all entity.
Typed or Printed Name
*** FILING FEE: \$35.00 ***
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

CR2E045 (8/05)