P99000067757

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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CACHARDA DO 24-08

COVER LETTER

Amendment Section Division of Corporations

TO:

overver Deschio Eiles Inc	
SUBJECT: Reachfar Films, Inc. (Name of Corp.)	poration) +
DOCUMENT NUMBER: P99000067757	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Mr. R (Name of Conta	Figg
(Name of Conta-	ct Person)
Reachfar F (Firm/Comp	Films, Inc.
9622 Cypress (Addres	Pine Street s)
Orlando, Flo (City/State and 2	orida 32827 Zip Code)
For further information concerning this matter, please call	l:
, (· •	at (
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departme	ent 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 cha	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Florida	
in orde	er to change its registered off	ice or registered agent, or both, in the State of Florida.	
1. The name of	the corporation:	Reachfar Films, Inc.	
The principal office address: 9622 Cypress Pine Street		9622 Cypress Pine Street	
		Orlando, Florida 32827	
3. The mailing a	address (if different): P.OB	ox 593774, Orlando Florida 32859	
4. Date of incor	poration/qualification: 07/3	0/1999 Document number: P99000067757	
	d street address of the current rtment of State: (If resigned, o	registered agent and registered office on file with the enter resigned)	
	Kinsella, Clive		
	9622 Cypress Pine Street, Orlando FI 32827		
	Resigned		
6. The name and (if changed):		gistered agent (if changed) and /or registered office	
	Figg, Roy	F. S. S.	
		reet, orlando FI 32827 NOT acceptable)	
The street addr	ress of its registered office ar	nd the street address of the business office of its registered agent,	
Such change wathorized by t	as authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
(Signat	ture of an officer or director)	Jonathan Figg PD (Printed or typed name and title)	
I hereby accent	t the appointment as register	red agent and agree to act in this capacity. as of all statutes relative to the proper and complete performance ocept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change.	
	ightule of Registered Agent)	10/1/08	
If signing on be	ehalf of an entity:	(Date)	
	Mr J Figg		
ſ	Typed or Printed Name)		

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