

P99 000097565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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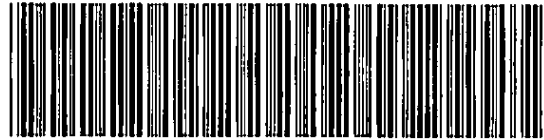
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**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 909 CHURCH AVE., INC.  
Name of Corporation \_\_\_\_\_

**DOCUMENT NUMBER:** P99000097565  
\_\_\_\_\_

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:

SUSAN P. GUNTER  
Name of Contact Person \_\_\_\_\_  
LAW OFFICE OF DAVID A. GUNTER, P.A.  
Firm/Company \_\_\_\_\_  
6767 N. WICKHAM ROAD, SUITE 4001  
Address \_\_\_\_\_  
MELBOURNE, FL 32940-2025  
City/State and Zip Code \_\_\_\_\_

susan@gunterlawoffice.com  
E-mail address: (to be used for future annual report notification) \_\_\_\_\_

For further information concerning this matter, please call:

SUSAN P. GUNTER \_\_\_\_\_ at (321) 428-4224  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

