799000101636

(Rec	questor's Name)	
(Âdo	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
<u>.</u>		

Office Use Only



900033989989

Filing Waived

R.A. Office

LAT

TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: PUE MARUN DEVELOPMENT CORP. (Name of corporation)			
_ ` '			
DOCUMENT NUMBER: \$\frac{9900100636}{}			
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:			
PSCD+ ANN YOCK (Name/of person)			
(Name of firm/company)			
(Name of introcompany)			
6151 LAKE OSPREY DRIVE - 3ROFT.			
SARASCITA FC 34240 (City/state and zip code)			
For further information concerning this matter, please call:			
BETH ANY CRK at (141), 400 4504 (Name of person) (Area code & daytime telephone number)			
(Name of person) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399			

Attn: Sean Toner

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR $^{\bullet}\text{CORPORATIONS}$

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,	~ ~ ~ ~
change is submitted for a corporation organized under the laws of the State ofto change its registered office or registered agent, or both, in the State of Florida.	in order
A	SPINENT COSP.
2. The principal office address: PC BOX 15772 SAR	ASCTA FZ 34277
3. The mailing address (if different):	
4. Date of incorporation/qualification: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	299000101 6 36
5. The name and street address of the current registered agent and registered office of Florida Department of State:	on file with the
(New) BETH KNN YORK	The with the
6151 LAKE OSPREY DRIVE	- 300FL - 380
SARASOTA FL 3424	PA 2: 55
6. The name and street address of the new registered agent (if changed) and /or regist (if changed) STANCEL K GOUSSIN 177	stered office
1605 MAIN ST STE 100	(
(P.O. Box or personal mailbox NOT acceptable)	-736
The street address of its registered office and the street address of the business of changed will be identical.	ffice of its registered agent, as
Such change was authorized by resolution duly adopted by its board of directors the board, or the corporation has been notified in writing of the change.	or by an officer so authorized by
(Signature of an officer or director) Call BETH Print	TN 03 VOKK PRES
I hereby accept the appointment as registered agent and agree to act in this cape I further agree to comply with the provisions of all statutes relative to the proper duties, and I am familiar with and accept the obligation of my position as registe being filed merely to reflect a change in the registered office address, I hereby cobeen notified in writing of this change.	acity, r and complete performance of my ered agent. Or, if this document is onfirm that the corporation has
(Signature of Registered Agont) 4 7	S/A (Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

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