## 524030

		<u> </u>				
(Requestor's Name)						
(Ac	(Address)					
· (Address)						
(Ci	ty/State/Zip/Phon	e #)				
_						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
		-				
Special Instructions to Filing Officer:						
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SECRETARY: OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Amendment Sec Division of Corp	tion porations				
SUBJ	ECT:	Peak Seven, Inc Name of Corporation				
DOC	UMENT NUMBE	R:S24036				
The e	nclosed Statement	of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspo	ondence concerning this matter to the following:				
		Darren Seys Name of Contact Person				
	Peak Seven, Inc Firm/Company					
		40 SE 5th ST Suite # 402 Address				
	E-m	Boca Baton, FL 33432 City/State and Zip Code. Darren@peakseven.com ail address: (to be used for future annual report notification)				
For fu	rther information of	oncerning this matter, please call:				
	Da Name of	rren Seys at ( <u>561</u> ) <u>465-3177</u> Contact Person Area Code & Daytime Telephone Number	er			
Enclos	sed is a \$35.00 che	ck made payable to the Department of State.				
	n en 1	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				

TO:

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

Pursuant to the provisions of sections statement of change is submitted for a in order to change its registe	i corporation organiz		of Florida			
1. The name of the corporation: Pea	ak Seven, Inc					
2. The principal office address: 40 SI	2. The principal office address: 40 SE 5th St Suite 402 Boca Raton, FL 33432					
3. The mailing address (if different):_						
4. Date of incorporation/qualification:	01/08/1991	Document number:	S24036			
5. The name and street address of the Florida Department of State: (If resi			e with the			
Darren Seys			<del></del>			
40 SE 5th St Suit	te 402					
Boca Raton, FL 3	33432					
6. The name and street address of the i (if changed):	new registered agent (	(if changed) and /or registered	OFFICE 12 APR 26			
<u>Darren Seys</u>	<del>-</del>		R 26			
40 SE 5th St Suit	te 402 P.O. Box NOT a	ocentoble				
Boca Ro	ton, Fl	33432	E: 33			
The street address of its registered of as changed will be identical.	fice and the street ad	ddress of the business office of	- , ,			
Such change was authorized by resol authorized by the board, or the corpo	ution duly adopted bration has been notif	by its board of directors or by fied in writing of the change.	an officer so			
Signature of an officer or director		Printed or typed name a				
I hereby accept the appointment as re I further agree to comply with the pro of my duties, and I am familiar with a document is being filed merely to refi corporation has been notified in writ	egistered agent and a visions of all statute and accept the obligated accept the obligated accept the fing of this change.	agree to act in this capacity. es relative to the proper and ation of my position as regist registered office address, I he	complete performance ered agent. Or, if this ereby confirm that the			
		4/20/12	·			
Agnature of Registered Agent		Date	<del></del>			
If signing on behalf of an entity:						
Typed or Printed Name	15					

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