

V14602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

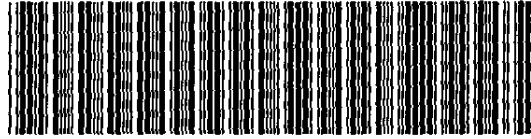
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Special Instructions to Filing Officer:

Corrected document
by telephone call
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07 MAR 30 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~Corrected~~ MAR 30 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2007

DEIRDRE MCGUIRE
22 PUMPKIN HILL ROAD
TRUMBULL, CT 06611

SUBJECT: FOXEN OF ORANGE COUNTY, INC.
Ref. Number: V14602

We have received your document for FOXEN OF ORANGE COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The registered agent must sign accepting the designation.

New registered agent must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 007A00019215

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOXEN OF ORANGE COUNTY, INC.
(Name of Corporation)

DOCUMENT NUMBER: V 14602

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:

DEIRDRE McGUIRE
(Name of Contact Person)

(Firm/Company)

22 PUMPKIN HILL ROAD
(Address)

TRUMBULL CT. 06611
(City/State and Zip Code)

For further information concerning this matter, please call:

DEIRDRE McGUIRE at (203) 459-4680
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FOXEN OF ORANGE COUNTY, INC.
2. The principal office address: 643 LITTLE WEKIVA ROAD
ALTAMONTE SPRINGS, FL. 32867
3. The mailing address (if different): PO Box 678475
ORLANDO, FL. 32867
4. Date of incorporation/qualification: 2/18/1992 Document number: V 14602
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: V 14602

LEE, JAMES ROSS
643 LITTLE WEKIVA ROAD
ALTAMONTE SPRINGS, FL. 32714

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DEIRDRE MCGUIRE
444 Sanford Ave
Sanford FL. 32771

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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.

James R. Lee JAMES ROSS LEE REGISTERED AGENT
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, OFFICER/DIRECTOR
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.

70 3/16/07
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)