

V14602

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*L.A. Chang*

C. Coulliette JUL 24 2007

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** V 14 602

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:

ROBERT KULA  
(Name of Contact Person)

FOXEN OF ORANGE COUNTY  
(Firm/Company)

~~444~~ PO Box 678475  
(Address)

ORLANDO, FL. 32867  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES LEE at (407) 321-6100  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2007

ROBERT KULA  
FOXEN OF ORANGE COUNTY, INC.  
PO BOX 678475  
ORLANDO, FL 32867

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

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

You need to complete #6 to include the address for the new registered agent.

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) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 007A00043579

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DIVISION OF CORPORATIONS

**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: 444 SANFORD AVE SANFORD FL 32771  
US
3. The mailing address (if different): PO Box 678475  
ORLANDO, FL 32867 US
4. Date of incorporation/qualification: 10/18/1994 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:

DEIRDRE MCGUIRE  
444 SANFORD AVE  
SANFORD FL 32771

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

ROBERT P. KULA  
444 STANFORD AVE  
STANFORD FL, 32771  
(P.O. Box NOT acceptable)

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DIVISION OF CORPORATIONS  
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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.

Deirdre McGuire  
(Signature of an officer or director)

DEIRDRE MCGUIRE, PRES  
(Printed or typed name and title)

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

Robert P. Kula  
(Signature of Registered Agent)

6/25/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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