

V36681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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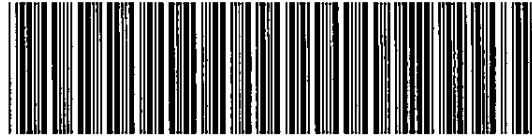
(Business Entity Name)

(Document Number)

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OCT 10 2014

T. CARTER

RA/RO Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Animated Display Systems Inc.
Name of Corporation

DOCUMENT NUMBER: V36681

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:

Buff Kracht
Name of Contact Person

Animated Display Systems Inc.
Firm/Company

5869 Enterprise Parkway, Unit #2
Address

Fort Myers, FL 33905
City/State and Zip Code

Buff@messagecenters.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Buff Kracht at (239) 939-7440
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Animated Display Systems Inc
2. The principal office address: 5869 Enterprise Parkway Unit #2
Fort Myers, FL 33905
3. The mailing address (if different): Same As Above
4. Date of incorporation/qualification: 5/18/1992 Document number: V36681

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Teri Thomas
14580 Global Parkway, 110
Fort Myers, FL 33913

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

Teri Thomas
6796 Broken Arrow Road
P.O. Box NOT acceptable
Fort Myers, FL 33912

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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.

J. Thomas
Signature of an officer or director

Teri Thomas / VP
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.

J. Thomas
Signature of Registered Agent

9/22/14
Date

If signing on behalf of an entity:

Typed or Printed Name

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