

N 04 000003144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

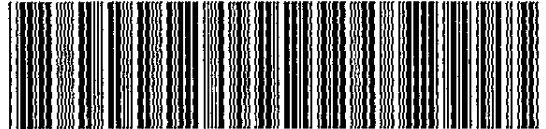
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300043270833

12/13/04--01015--019 \*\*35.00

04 DEC 13 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12-13  
[Handwritten signature]

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: C Aboose Club, Inc.  
(Name of corporation)

DOCUMENT NUMBER: N 04 00000 3144

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:

Debra J. Harris  
(Name of contact person)

C Aboose Club, Inc  
(Firm/Company)

P.O. Box 2210  
(Address)

Callahan, FL 32011  
(City/state and zip code)

For further information concerning this matter, please call:

Debra J. Harris at (904) 879-2844  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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: Caboose Club, Inc.
- 2. The principal office address: 45383 Dixie Ave  
Callahan, FL 32011
- 3. The mailing address (if different): P.O. BOX 2210 Callahan, FL 32011
- 4. Date of incorporation/qualification: 3-22-04 Document number: N 404A000003144
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Moses Meide, Jr.  
817 N. Main Street  
(P.O. Box NOT acceptable)  
JACKSONVILLE, FL 32202

04 DEC 13 PM 3:16  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Debra Harris  
(Signature of an officer or director)

Debra Harris  
(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.*

x Moses Meide Jr  
(Signature of Registered Agent)

x 12/13/04  
(Date)

If signing on behalf of an entity:

MOSES MEIDE JR  
(Typed or Printed Name)

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