P0200051214

<u>, </u>	
(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	
(Only Class 2 pri Holle w)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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Cartified Coning Cartificator of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

Division of Corporations	
SUBJECT: Incorp Services, Inc.	
(Name of Co	orporation)
DOCUMENT NUMBER: P02000051214	
The enclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	
Amber Wornica	
(Name of Con	tact Person)
Incorp Services, Inc.	
(Firm/Con	mpany)
3155 East Patrick Lane, Sui	ite 1
(Addr	ess)
Las Vegas, NV 89120 (City/State and	d Zin Code)
For further information concerning this matter, please ca	•
For further information concerning this matter, please of	311.
Amber Wornica	_ at (702) 866-2500 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departr	ment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

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

Pursuant to the provisions of section statement of change is submitted for in order to change its registration.	a corporation organ		Florida	
1. The name of the corporation: Inc	orp Services, Inc.	·		
2. The principal office address: 3155 East Patrick Lane, Suite 1, Las Vegas, NV 89120				
3. The mailing address (if different)	·			
4. Date of incorporation/qualification	on: 05/06/2002	Document number: P02000	051214	
5. The name and street address of the Florida Department of State:	e current registered a	gent and registered office on file wit	h the	
ANSELL, DO	UGLAS B		_	
18450 NE 2	ND AVE.		o6 SEC	
MIAMI FL 33	179	·	題見工	
6. The name and street address of the (if changed):	ne new registered ager	nt (if changed) and /or registered off	12 MIII 46	
ANSELL, DO	DUGLAS B		- 8日 6	
17888 67th			-	
Lavabataba	(P.O. Box NOT acceptable)		
Loxahatchee			~	
The street address of its registered as changed will be identical.				
Such change was authorized by re authorized by the board, or the cor	solution duly adopte poration has been no	d by its board of directors or by an otified in writing of the change.	officer so	
Jennie Sedlock (Signature of an officer or director	<u> </u>	Tennie Sedlacek, C.O.O.	title)	
I hereby accept the appointment a. I further agree to comply with the of my duties, and I am familiar wi document is being filed merely to corporation has been notified in w	s registered agent an provisions of all stat th and accept the obl reflect a change in th riting of this change	d annua to act in this compains		
(Signature of Registered Age	nt)	October 2, 2006		
If signing on behalf of an entity:				
Douglas B. Anse (Typed or Printed Name)	.1)			
	* * * FILING FI	EE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314