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COVER LETTER

SUBJECT: Disconnections

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(Name of Corporation)

DOCUMENT NUMBER: Place Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

Remark (Firm/Company)

(Address)

For further information concerning this matter, please call:

Address at (St. 2004)

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: Blooming als -Dodomonumous auxovati
2. The principal office address: 10012 Nobal E. Mabu, Muy #102
Tampa, FL 33618)
3. The mailing address (if different):
4. Date of incorporation/qualification: 14/1996 Document number: 1996 DODODO 1996
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Communities of amore a EE 3
1463 Carpedd J. Siite 129 E &
Brandon, FL 33511
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
9887 J. H. Stroot N. #301
(P.O. Box NOT acceptable)
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.
John W. Delli Bon John W. Delli Bovi (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.
Elolo Cuanollo La
(Signature of Registered Agent) (Date) If signing on behalf of an entity:

(b)

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

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