PMM S7890

MICHAEL J. MCDERMOTT, P.A.

Attorneys At Law

791 West Lumsden Road + Brandon, Florida 33511

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NEW FILINGS		<u>AMENDMENTS</u>		
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other		Amendment Resignation of R.A Change of Register Dissolution/Withda Merger	red Agent	a_\$
OTHER FILINGS		REGISTRATION/QUALIFICATION		
Annual Repo		Foreign Limited Partnership Reinstatement Trademark Other	T BROWN OCT 1 9 2000	 -
			Examiner's Initials	

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

Pursuant to the provision of sections 607.0502. 617.0502. 6071508. or 617.1508. Florida Statutes, the undersigned corporation organized under the Laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: S. Woods Enterprises, Inc.

2. The mailing address of the corporation is: 9207 Adamo Dr., E. Tampa, Florida 33619

- Date of incorporation/qualification: 09/15/00 Document number: P0000087890 3.
- 4. The name and address of the current registered agent office:

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301

5. The name and address of the new registered agent and office:

> Michael J. McDermott, Esquire 791 W. Lumsden Rd. Brandon, Florida 33511

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 a officer so authorized by the Board.

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

If signing on behalf of an entity:

Michael J. McDermott

Attorney/Registered Agent

(Fyped or Printed Name)

(Capacity)

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