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(Red	questor's Name)	
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(Do	cument Number)	, , , , , , , , , , , , , , , , , , , ,
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	





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## LAW OFFICES

## FRANK J. GRECO, P.A.

A FLORIDA PROFESSIONAL ASSOCIATION

4047 HENDERSON BOULEVARD

TAMPA FLORIDA 33629 TELEPHONE: (813) 287-0550 FAX: (813) 289-5331

August 29, 2003

Division of Corporations P.O.Box 6327 Tallahassee, Florida 32314

Re: Statement of Change of Registered Office or Agent

Dear Sirs:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Corporations regarding the following named companies. Also enclosed, please find individual checks made payable to the Florida Department of State to cover the required fees.

- 1. Residences Food, Inc.
- 2. Residence, Inc.
- 3. The Shadowcatcher, Inc.
- 4. Innovative Human Resources, Inc.
- 5. Preferred Staffing, Inc.
- 6. Bellisimo Ristorante, Inc.
- 7. Henry's Lock & Key Service, Inc.
- 8. CMRS Properties, LLC
- 9. Kaufman Financial, LLC
- 10. Epic Teleconsulting, Inc.
- 11. Back on the Farm Bible Conference, Inc.
- 12. Rudolph Acosta, Jr., M.D., P.A.
- 13. JAB, LLC
- 14. Anthony & Associates, Inc.
  - 15. Arena Maniscalco, LLC
  - 16. Lifespan Healthcare, LLC
  - 17. JALY Properties, Inc.
  - 18. Lifespan Design, INc.

If additional information is needed, please contact the undersigned.

Sincerely,

Frank J. Greco, Esquire

RANK LGRECO

FJG/rf enclosures

<sup>\*</sup> fees paid under one check in the amount of \$105.00

## 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: THE SHADOW CATCULAR JULY
2. The principal office address: 115 CLASSIC DIZIVE
VALRICO FL 33594
3. The mailing address (if different): 5 Ame
4. Date of incorporation/qualification: 423 02 Document number: PO 2000044048
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
FRANK J. Greco
1715 N. Westshore Blud, St. 750
TANIPA, FT. 33607 8 3 17
6. The name and street address of the new registered agent (if changed) and /or registered office aff
changed): FRANK J. Greco
(P.O. Box or personal mailbox NOT acceptable)
1 TAMPE, Fl. 33629
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 in the corporation has been notified in writing of the change.
GARY L. ANKNEY RESIDENT
Signature of any office, chairman or vice chairman of the board) (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
nerformance of my dities, 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.
8/25/03
(Sagniture of Registered Agent) (Date)
Hisigning on behalf of an entity:
(Typed or Printed Name) (Capacity)

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