P04000100813

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COVER LETTER

TO: Amendment S Division of C				
SUBJECT: SPL IN	COME TAX CORP. (Name of Co	rporation)		
DOCUMENT NUM	BER:_P04000100813			
The enclosed Stateme	nt of Change of Registered Office/	Agent and fee are submitted for filing.		
Please return all corre	spondence concerning this matter t	to the following:		
FE	ERNANDO ODE (Name of Cont	act Person)		
SPL INCOME TAX CORP. (Firm/Company)				
600	6 RADIO RD. (Addre	ess)		
NAF	PLES, FL. 34104 (City/State and	Zip Code)		
For further information	n concerning this matter, please ca	ili:		
FERNANDO ODE (Name	e of Contact Person)	at (239) 643-2832 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

statement of cha	provisions of sections 607.0502 , 617.0502 , 607.1508 , or 617.1508 , Florida Statunge is submitted for a corporation organized under the laws of the State of FLC rto change its registered office or registered agent, or both, in the State of Floridate.	ORIDA	s	-
1. The name of t	he corporation: SPL INCOME TAX CORP.			
2. The principal	office address: 6006 RADIO RD., NAPLES FL 34104			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 07/06/2004 Document number: P040001008	313		
	street address of the current registered agent and registered office on file with the tment of State:	e		
	CAROLINA A. FLOEGEL	SEC	076	
	10911 BONITA BEACH RD.	AHA:		
	BONITA SPRINGS, FL. 34135	RY 0	2 ≱	Til.
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	F STATE	AM 11: 05	D
	HUBLAR LOPEZ RODRIGUEZ			
	4373 20th AVE. SW			
	(P.O. Box NOT acceptable) NAPLES, FL. 34116			
The street addre	ess of its registered office and the street address of the business office of its rebe identical.	gistere	d ager	ıt,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	icer so		
(Signatu	ZARONIA A. Flore (Printed or typed name and title)	od	P.	-
I hereby accept I further agree to of my duties, an document is bei corporation had	the appointment as registered agent and agree to act in this capacity. If comply with the provisions of all statutes relative to the proper and comple of I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby completed in writing of this change.	te perf gent. C onfirm	orman Or, if th that th	ce iis he
Age	sparture of Registered Agent) (Date)			-
If signing on be	half of an entity:			
Hubla	2 lopez Rode 1902 yped or Printed Name)			

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