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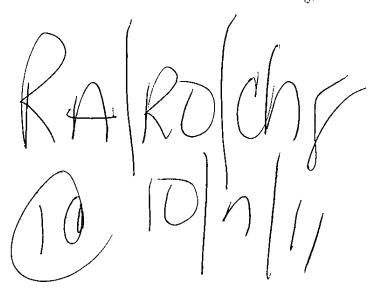
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COVER LETTER

то:	Amendment Section Division of Corporation	s			
SUBJE	CCT:	Mancuso & Di Name of Co	as, P.A.		
DOCU	MENT NUMBER:	P060	00036951	····	
	closed Statement of Chan		/Agent and fee are subr	nitted for filing.	
Please	return all correspondence	concerning this matter	to the following:		
		Noelle H	errman tact Person		
		Traine or our			
	Mancuso & Dias, P.A.				
	Firm/Company				
	5102 West Laurel Street, Suite 700 Address				
	Address Tampa, FL 33607 City/State and Zip Code				
		nherrman@m	ndlegal.net		
•	E-mail addı	nherrman@m ress: (to be used for fu	ture annual report no	tification)	
For fur	ther information concern	ng this matter, please c	all:		
	Noelle Her		_ at (813)	769-6280 ytime Telephone Number	
	Name of Contact	Person	Area Code & Day	ytime Telephone Number	
Enclose	ed is a \$35.00 check mad	e payable to the Departi	nent of State.		
	Amend Division P.O. B	Manager Manage	Clifton Build	Section Corporations ding tive Center Circle	

" то:



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 28, 2011

NOELLE HERRMAN MANCUSO & DIAS, P.A. 5102 WEST LAUREL STREET - SUITE 700 TAMPA, FL 33608

SUBJECT: MANCUSO & DIAS, P.A.

Ref. Number: P06000036951

We have received your document for MANCUSO & DIAS, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 311A00022370

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

1. The name of t	the corporation: Mancuso & Dias, P.A.	
	office address: 5102 W. Laurel Street, Suite 700, Tampa, Fl	L 33607
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 3/13/2006 Document number:	P06000036951
	Fifreet address of the current registered agent and registered office on fitment of State: (If resigned, enter resigned)	ile with the
	Lina Angelici, Esquire	
	One Tampa City Center, Suite 2600	
	Tampa, FL 33602	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered	ed office
	Noelle Herrman	OV.
	5102 W. Laurel Street, Suite 700	NISION OF CC
	P.O. Box NOT acceptable	T-PR
The street addreas changed will	Tampa, FL 33607 ess of its registered office and the street address of the business office be identical.	e of its registered agent,
- / 1	as authorized by resolution duly adopted by its board of directors or ne board or the corporation has been notified in writing of the chang	by an officer so
	Phillip J. Mancuso, Di	rector/Shareholder
I hereby accept I further agree of my duties, an document is bei corporation has	The appointment as registered agent and agree to act in this capacit to comply with the provisions of all statutes relative to the proper an ad I am familiar with and accept the obligation of my position as reg- ing filed merely to reflect a change in the registered office address, I s been notified in writing of this change.	y d complete performance istered agent. Or, if this hereby confirm that the
_ laul	Do C. Alexanon 10/3/11 Date	
If signing on be	chalf of an entity:	
Т	yped or Printed Name	