## 99900082550

(Requestor's Name)						
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	<b>)</b> #)				
PICK-UP	WAIT	MAIL.				
(Bu	siness Entity Nan	ne)				
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(Document Number)						
Certified Copies	_ Certificates	of Status				
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SECRETARY OF STATE

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tressmank Inc. (Name of corporation)
DOCUMENT NUMBER: P9900082550
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Teressa Watts (Name of person)
Tressmark Inc (Name of firm/company)
8650 E. Colonial Drive
Orlando, FL, 32817 (City/state and zip code)
For further information concerning this matter, please call:
Teressa Watts at (407) 678-3494 (Area code & daytime telephone number)
Reclosed 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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(07/02)

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

Pursuant to the	provisions of se	ections 607.0502, 6.	7.0502, 607.15	08, or 617.1508,	Florida Statutes,
this statement o	f change is subm	itted for a corporation	on organized und	der the laws of the	e State of
Florida	in order to	o change it <mark>s re</mark> gister	ed office or reg	istered agent, or	both, in the State
of Florida.  1. The name of	the corporation:_	TressMark, Inc	•		
2. The principal office address: 8650 E. Colonial Drive					
		Orlando, Flori	da 32817		
3. The mailing a	address (if differe	nt):			
4. Date of incor	poration/qualifica	ation: 9/20/99	Docu	ment number: P9	90000082850
	d street address or rtment of State:	f the current register	ed agent and reg	istered office on t	H72
	F&L Corp.				- ST - P
	The Greenle	af Bldg. 200 La	ura St., 3rd	Floor	SEE, FE
	Jacksonville	e, FL 32201-02	40		15.5
6. The name ar changed):	nd street address Teressa Watts	of the new register	ed agent (if cha	nged) and /or re	gisteres office (if
-	8650 E. Col	onial Drive (P.O. Box or personal mail	box NOT acceptable)		_
_	Orlando, Fl	orida 32817		:	
		ed office and the streat.			
Such change was authorized by th	as authorized by ne board, or the	resolution duly ador orporation has been			y an officer so
111/1	, chairman or vice chair		Mark Watts,	President	
			•	••	<i>.</i>
I further agree to performance of registered agen office address,	to comply with the my duties, and I to Or, if this doc	as registered agent te provisions of all s am familiar with ar ument is being filed that the corporation	tatutes relative ad accept the obmerely to reflect has been notification.	to the proper and ligation of my po it a change in the ied in writing of t	l complete sition as registered his change.
S	ignature of Registered A	gent)	<u> </u>	(Date)	<del></del>
If signing on behal	f of an entity:			•	
	yped or Printed Name)	-		(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314