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R.A. Change

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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
in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: (sa loway S. Ive.
2. The principal office address: 3347 Hendersa Blod
Tampa, FL 33609
3. The mailing address (if different):
5. The maining address (if different).
the state of the s
4. Date of incorporation/qualification: 3/53/M56 Document number: 19/849
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Ralph Gallowan
1606 So. Culbreath Isles # 2 m
Tampa, PC 33629
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):
Jennifer Galloway Pike
220 S. Franklin St. (P.O. Box or personal mailbox NOT acceptable)
Tampe, FL 33602
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 by the board, or the corporation has been notified in writing of the change.
(Signature of an officer charman or vice charman of the board) [Signature of an officer charman or vice charman of the board) [Printed or typed name and title]
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 diffies, 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.
and Tell Pohe 1/7/03
(Signature of Registered Agenti) (Date)
If signing on behalf of an entity:
(Constitute)
(Typed or Printed Name) (Capacity)

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