496193

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Pinch A Penny, Inc.

Name of Corporation

ASSUMENT NUMBER: 496193

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:

Kate N. Hiles

Name of Contact Person

Pinch A Penny, Inc.

Firm/Company

6385 150th Avenue North

Address

Clearwater FL 33760

City/State and Zip Code

khiles@pinchapenny.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate N. Hiles

, 727

531-8913

Name of Contact Person

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 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statu inge is submitted for a corporation organized under the laws of the State of <u>Flori</u> r to change its registered office or registered agent, or both, in the State of Flori	da	<i>S</i>	
	the corporation: Pinch A Penny, Inc.			
2. The principal	6205 150th Avenue North			_
2. The principal	Clearwater FL 33760			
3. The mailing a	address (if different): PO BOX 6025			
	Clearwater FL 33758			
4. Date of incorp	poration/qualification: Jan. 30, 1976 Document number: 496193			
5. The name and	I street address of the current registered agent and registered office on file with the threat of State: (If resigned, enter resigned)	ıe		
	Karen S. McLead	, 		
	6385 150th Avenue North	· 加加	17 M	
	Clearwater FL 33760	(K.)	MPR 25	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	;;	Ö	,
	Kate N. Hiles	Mar.	Ċ.	
	6385 150th Avenue North			
	P.O. Box NOT acceptable			
	Clearwater FL 33760			
The street address changed will	ess of its registered office and the street address of the business office of its reg be identical.	istered	agent,	
-	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.	er so		
Faren	Karen S. McLead, Secretar	у		
XH	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as reis document is being filed merely to reflect a change in the registered office adithat the corporation has been notified in writing of this change. Application of Registered Agent	e egister dress, i	red I	
If signing on be	half of an entity:			
Kate N. Hile	98			
	voed or Printed Name			

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

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