## 673131

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Oalled Mr. With 1) 1/2  DAVE WIND IS SEEME  AS WILLIAM D. WIND III  CRE 11/2





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## **COVER LETTER**

TO: * Amendment Section Division of Corporations
SUBJECT: Dave Winn III INC. (Name of Corporation)
DOCUMENT NUMBER: 673131
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:
(Name of Contact Person)
Dave Winn III INC. (Firm/Company)
P.O. Box 7974 (Address)
Sun City FL 335010 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (813) 1049-11210 (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 change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Dave la line III INC.
2. The principal office address: 2100 W. Bokor St.  Plant ("ib. Fl. 33513
3. The mailing address (if different): PO BOX 7974
4. Date of incorporation/qualification: Document number: (97313)
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
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 of director)  CORrelia (Printed or typed name and fille)
I 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 duties, 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.
10-27-05
(Signature of Registered Agent) (Date)  If signing on behalf of an entity:

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

(Typed or Printed Name)