

Electronic Filing Cover Sheet

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TO 2

Division of Corporations Fax Number : (850)205-0380

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

REGISTERED AGENT CHANGE

GAETANO CACCIATORE INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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NO. 191 P. 2 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 ______ Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation; GAETANO CACCIATORE INC.

2. The principal office address: 3920 Pendola Point Road, Tampa, FL 33619

3. The mailing address (if different): PO Box 678, Somerville, NJ 07869

Document number: F05000002738 4. Date of incorporation/qualification: 05/05/2005

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

United Corporate Services, Inc.

9200 South Dadeland Blvd., Suite 508

Miami, FL 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box NOT acceptable)

Taliahassee, FL 32301

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.

TRACKOF

E. Miles Prentice, Authorized Officer (Franked or typed marge and fatte)

(Date)

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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 accument is being filed mereby to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

(Signatu

lf signing on behalf of án entity: d or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314 CR2B045 (8/05)