F50991

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RA to chy

SECRETARY OF STATE

T. Roberts MAY 1 0200

COVER LETTER

Division of Corporations								
SUBJECT: GAZOLIO, INC. (Name of Corporation)								
DOCUMENT NUMBER: F 50991								
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:								
ARCHIE J. RYAN III, ESQ. (Name of Contact Person)								
(Name of Contact I Groom)								
RYAN & RYAN, LLC								
(Firm/Company)								
700 EAST DANIA BEACH BLVD. THIRD FLOOR (Address)								
DANIA BEACH, FLORIDA 33004								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
ARCHIE J. RYAN III at (954) 920-2921 (Name of Contact Person) (Area Code & Daytime Telephone Number)								
(Name of Contact Person) (New Code & Daytime Persons Name of								
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address: Street Address:								
Amendment Section Amendment Section								
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building								
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301								

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

Pursuant to the provisions of section statement of change is submitted for	r a corporation o	organize	ed under	the laws o	f the State	e of <u>F1</u>	Lorida	
in order to change its regis	GAZOLIO		u ageni,	or ooin, in	i ine state	oj Fiorio	aa.	
1. The name of the corporation:			Jona 7 I	I f a h-sarr				
2. The principal office address:	1040 Sout							
	Dania Bea	acn,	florida	33004				
3. The mailing address (if different)	:							
4. Date of incorporation/qualification	n: 10/26/1	981	Docu	ment num	ber: F	50991		
5. The name and street address of the Florida Department of State:	e current registe	ered age	nt and reg	gistered of	fice on fi	le with th	e	
JOHN GLARENTZOS						<u></u>	PALL SEC SAL)
932 1	N. Northlak	e Dri	ve				RE TA	
Holl	wood, Flor	ida .	33019				RY C	֡֓֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֓֡֓֡֓֓֓֡֓֓֡֓֡֓֡֓
6. The name and street address of th (if changed):	e new registered	d agent ((if change	ed) and /or	registere	d office	F STATE	PH 2: 2
STAM	ATIKE GLARE	NTZOS					>	
932 1	N. Northlak	e Dri	ve					
11	(P.O. Box NOT acco	-	22010					
	ywood, Flor		33019					
The street address of its registered as changed will be identical.	office and the s	street ad	ldress of	the busine	ess office	of its re	gistered agent,	
Such change was authorized by reauthorized by the board, or the con	solution duly ad poration has be	dopted been notif	y its boa ied in wi	rd of dire riting of tl	ctors or b	oy an offi e.	icer so	
S. lewoft	•		STA	MATIKE	GLAREN	TZOS,	President	
(Signature of an officer or diffecto	r)			•		e and title)		
I hereby accept the appointment a I further agree to comply with the of my duties, and I am familiar wii document is being filed merely to corporation has been notified in w	s registered age provisions of al h and accept th reflect a change riting of this ch	ent ana d ll statuti ne obligo e in the n nange.	agree to es relativ ation of n registered	act in this e to the pi ny positio d office ac	capacity roper and n as regi. ldress, I	, d comple stered ag hereby co	te performance tent. Or, if this onfirm that the	?
5/ Gunta				Apri	1 30,	2007		
STAMATIKE GLARENTZOS	nt)			 -	(Date)			
If signing on behalf of an entity:								
(Typed or Printed Name)								

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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