H46571

LUIS MIGLIORE, 2311 MEDFORD BRANDON, FL 3	LANE	
City/State/Zip	Phone #	<u>.</u> .

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.								
	(Corporation Name)			(Document	#)			
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NEW FILINGS		AMEŅI	DMENTS		, ,			
Profit		Amendme	ant					
NonProfit		Resignation of R.A., Officer/ Director						
Limited Liability		Change of Registered Agent						
Domestication		Dissolutio	n/Withdrawal					

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

Other

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Merger

Harry Dega

Examiner's Initials	
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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, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida. 1. The name of the corporation:
1. The name of the corporation: 1-115 MIGLIONE, TUC
2. The mailing address of the corporation: 23/1 MED FOED LU
BVANDON FLA 33511
3. Date of incorporation/qualification: 3-12-85 Document number: 446571
4. The name and address of the current registered agent and registered office:
$0 \sim \lambda$.
- Kesigned
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Luis Millione Par
7311 MEDFORD LU FIS E D
BrANDON FLA 33511
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.
audionized by the court.
(Signature of an officer, chairman or vice chairman of the board) (Date)
F.,
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated
corporation, 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.
Line le lieu
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Luis Miglione / Pres + Dir
(Typed or Printed Name)/ (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(8/99)