J55811

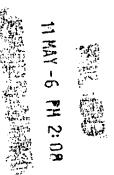
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Temple Terrace Beve	erage Services, l	Inc.		
	Name of	Corporation			
DOCUMENT NUM	IBER:	J55811			
The enclosed Statem	ent of Change of Registered Off	ice/Agent and fee are s	submitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:			
_		N. Ciaccio			
	Name of C	Contact Person			
_		everage Services, I	nc		
	Firm/	Company			
_		usch Blvd.	<u>, </u>		
	A	ddress			
_	Temple Terr	ace, FL 33617	····		
	Ony/buile	and Zip Code			
karenciaccio@live.com E-mail address: (to be used for future annual report notification)					
	-man address. (to be dised for	ruture aimuai report	notification)		
For further informati	on concerning this matter, pleas	e call:			
	seph N. Ciaccio	at (813)	625-1165		
Name	of Contact Person	Area Code &	Daytime Telephone Number		
Enclosed is a \$35.00	check made payable to the Dep	artment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Division of Clifton B	ent Section of Corporations uilding		
	Tallahassee, FL 32314	2661 Exe	cutive Center Circle		

Tallahassee, FL 32301

▼ * 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 Statustatement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida in order to change its registered agent, or both in the State of Florida in order to change its registered agent.	lorida
1. The name of the corporation: Temple Terrace Beverage Services, Inc. 2. The principal office address: 5303 Busch Blvd., Temple Terrace, FL 33617	
3. The mailing address (if different): C/O Al R. Lopez Jr.,	
4100 W. Kennedy Blvd., Suite 114, Tampa, FL 33609	
4. Date of incorporation/qualification: 02/09/1987 Document number:	J55811
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	e
Lopez, Al R., Jr. ESQ.	
4600 W. Cypress Street, Suite 500	
Tampa, FL 33607 U.S.	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	PH 2:
Lopez, Al R., Jr. ESQ.	03
4100 W. Kennedy Blvd., Suite 114	, pre
P.O. Box NOT acceptable	
Tampa, FL 33609 U.S.	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	icer so
Joseph N. Ciaccio - Pres	sident
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 comple of my duties, and I am familiar with and accept the obligation of my position as registered as document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change. Signature of Registered Ment Date If signing on behalf of an entity:	te performance gent. Or, if this onfirm that the
Typed or Printed Name	

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