Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : AKERMAN SENTÉRFITT - TAMPA

Account Number : 120000000249 : (813)223-7333 Fax Number : (813)223-2837

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Email Address:

## REGISTERED AGENT CHANGE TAMPA BAY VENDING, 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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8/25/2011

## **COVER LETTER**

TO: Amendment Se Division of Co	ection rporations					
SUBJECT:TAMPA BAY VENDING, INCName of Corporation						
DOCUMENT NUMB		J78342				
The enclosed Statemen	t of Change of Registered Offi	ce/Agent and fee are submi	tted for filing.			
Please return all corres	pondence concerning this matt	er to the following:				
	BRADFORD L. Name of C	BARTHOLOMEW ontact Person				
TAMPA BAY VENDING, INC. Firm/Company						
235 APOLLO BEACH BLVD., SUITE 304 Address						
_	APOLLO BE City/State	ACH, FL 33572 and Zip Code				
	brad7348@	hotmail.com				
E-mail address: (to be used for future annual report notification)						
For further information	n concerning this matter, please	call:				
BRADFORE	L. BARTHOLOMEW	at (813)	333-3300 ime Telephone Number			
	hock made payable to the Depa	·				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv	orporations			

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a corp	ooration organized	607.1508, or 617.1508, Florid I under the laws of the State of I agent, or both, in the State o	of FLORIDA
1. The name of	the corporation: TAMPA	BAY VEND	DING, INC.	
2. The principal	office address; 9501 PA	LM RIVER RC	OAD, TAMPA, FL 33619	)
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	06/18/87	Document number:	J78342
	d street address of the curre runent of State: (If resigned		t and registered office on file	with the
	BARTHOLOMEW, B	RADFORD L.		
	9501 PALM RIVER ROAD			
	TAMPA, FL 33619			2011 AUG
6. The name and (if changed):	d street address of the new r	registered agent (i	f changed) and /or registered	office SSE
	235 APOLLO BEAC	H BLVD., SUI	TE 304	_ FFS = 1
	APOLLO BEACH, FI	P.O. Box NOT acc	ept <u>a</u> ble	8: 39
_			tress of the business office of	
authorized by the	he board, or the corporatio	n has been notific	its board of directors or by ed in writing of the change.	att Otticer so
	re in an Atthour or director	<del>_</del>	BRADFORD L. BAR	THOLOMEW
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as regist to comply with the provisi ad I am familiar with and a ing filed merely to reflect a s been notified in writing o	ered agent and a ons of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity relative to the proper and a tion of my position as registing istered office address, I he	complete performance ered agent. Or, if this reby confirm that the
	multire of Reprisered Agent		8/21/1	
• 7	half of an entity:		Direc	
	ORD L. BARTHOLOME  Sped of Printed Name	<u> </u>		
			And 86 + 4	

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

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

(((H11000211793 3)))