## J97818

(Re	equestor's Name)	
(Ac	ldress)	<del></del>
`	,	
(Ac	idress)	
	ty/State/Zip/Phone	- #\
(C)	ty/State/Zip/PffOffe	= #}
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
-		
		1
1		
		ł
		1
L		

Office Use Only



200045297392

01/28/05--01064--006 \*\*35.00

OS JAH 28 PH 3: 02

Of neg.

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: DOSH REALITY, INC, (Name of corporation)
DOCU	JMENT NUMBER: J977818
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Beverly G Connor (Name of contact person)
	(Time of contact person)
	Mynatt Insurance Agency, Inc (Firm/Company)
	2901 W Busch Blvd Ste 1010
	(Address)
	Tampa, FL 33618 (City/state and zip code)
For fur	ther information concerning this matter, please call:
	Beverly G Connor at (813 ) 932-5511 (Name of contact person) (Area code & daytime telephone number)
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319

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

statement of char	nge is submitted for a corpor	02, 617.0302, 607.1308, or 617.1308, Florida Statutes, to atton organized under the laws of the State of Florida ce or registered agent, or both, in the State of Florida.			
1. The name of the	ne corporation: DOSH REA	LTY, INC.			
	principal office address: 2901 W Busch Blvd Ste 1010				
<del></del>	Tampa, F	L 33618			
3. The mailing ac	idress (if different):				
4. Date of incorp	oration/qualification:10/	715/1987 Document number:			
5. The name and Florida Depart		registered agent and registered office on file with the			
	Heinemann Law F	irm PLIC			
	759 S Federal H	ighway Ste 312	05		
	Stuart, FL 3499	4	是 司		
6. The name and (if changed):	street address of the new reg	istered agent (if changed) and /or registered officer:	28 PH :		
	Beverly G Conno	LORI COR	D 3: 02		
	2901 W Busch Bl	vd Ste 1010	$\sim$		
	(P.O. Box N	NOT acceptable)			
	Tampa, FL 33618				
The street address as changed will	ss of its registered office and be identical.	d the street address of the business office of its register	ed agent,		
Such change was authorized by the	s authorized by resolution de board, or the corporation b	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	o		
Shirley M	. Fuguson e of an oppicer or director)	Shirley M Ferouson (Printed or typed name and title)			
	/	ed agent and agree to act in this capacity, so fall statutes relative to the proper and complete per ept the obligation of my position as registered agent. hange in the registered office address, I hereby confirm his change.	formance Or, if this n that the		
Beugl	b. Coma	01/26/2005 (Date)			
If signing on beh	alf of an entity:				
Beverly (T)	G Connor  rped or Printed Name)				

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