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2. 1 **COVER LETTER** TO: Amendment Section Division of Corporations Robert L. Stahl Inc. Name of Corporation) SUBJECT: K06195 DOCUMENT NUMBER:_____ 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: Robert L. Stahl (Name of Contact Person) Robert L. Stall, INC. 110 CANICLON PARKWAY (Address) St. Petersburk FC 337/1

For further information concerning this matter, please call:

SUS m Brown (Name of Contact Person) at (<u>727</u>) <u>791-5791</u> (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 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 sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of ______For io A in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>Koben</u>+ PACKWAY 110 CARILLON 2. The principal office address: 3371 3. The mailing address (if different): 4. Date of incorporation/qualification: 12/10/1981 Document number: K06/95 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Seminore 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ANILLON (P.O. Box NOT acceptable) Peters burg 33716 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, or the corporation has been notified in writing of the change. Printed or typed name and title Kobert **ISign** cer or director 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signaturo (If signing on behalf of an entity:

Registered Agent)

* * * 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)