## 497706

| (Requestor's Name)                      |  |  |  |  |  |  |  |
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| · (Address)                             |  |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: SMORK CORSTAURTION DE CENTRAL FLORIDA, The MORE (Name of Corporation)

DOCUMENT NUMBER: K9 77 DLo

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:

(Name of Contact Person)

The subject of the following:

(Firm/Company)

The subject of the following:

The subject o

Enclosed 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of change                   | e is submitted for   | ns 607.0502, 617.05<br>r a corporation orga<br>stered office or regis                                      | mized under the      | laws of the State o  | of FLDR                  |                                    |
|---------------------------------------|--|--|----------------------|--|--------------------------|------------------------------------|
| The name of the     The principal off | corporation:   |  | 57 AUCT 11<br>- Lo # |  | raac Fo                  | 20,00                              |
| 3. The mailing add                    | ress (if different)  | :  |                      |  |                          | <del>-</del>                       |
|                                       | reet address of th   | on: (a) 23 19 ne current registered  | - •                  |  | with time                | <u>ol</u>                          |
|                                       |  | FLORIS<br>3 DEC  | A FIR                | son The  | STAT                     |                                    |
| 6. The name and st (if changed):      | reet address of the  | ne new registered ago  | ,                    | and /or registered   | ,                        | CORIBA N                           |
| _                                     | <u> </u>   | (P.O. Box NOT acceptab   | Acres 12             | <u></u>  |                          |                                    |
| The street address as changed will be | of its registered  | office and the stree   | ,                    | business office of   | ♣54<br>of its registered | i agent,                           |
|                                       |  | solution duly adopt  |                      |  |                          | 10                                 |
| I hereby accept the                   | of an officer or director<br>e appointment a<br>comply with the<br>lam familiar wi<br>filed merely to<br>gen uffilied in w | s registered agent of provisions of all ste in and accept the of reflect a change in writing of this chang | and agree to act     | (Printed or typed name<br>in this capacity,<br>o the proper and<br>position as regist<br>ffice address, 1 ho | complete perfi           | ormance<br>or, if this<br>that the |
| If signing on beha                    | fure of Registered Age   | ent)   |                      | 2)20,08<br>(Date)  | )                        |                                    |
| Som                                   | ed or Printed Name)  | 1 Ja   |                      |  |                          |                                    |

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