L25797

	Requestor's Name)				
<u> </u>	Address)				
	Address)				
	Dity/State/Zip/Phone #)				
Ε	WAIT MAIL				
	Business Entity Name)				
	ocument Number)				
Certified (Certificates of Status				
Special	ð Filing Officer:				
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SECRETARY OF STATE
TALL ALIASSEE, FLORIDA

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Office Use Only

Change

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ترثرتا

via Express Mail EV 207880358

EV207880358US

Albritton tment of State of Corporations 6327 ee, FL 32314

atement of Change of Registered Office or Registered Agent or Both for Corporations or Ref.: 1540.14

Albritton:

u for taking the time to research your records.

o our conversation, enclosed is a copy of the Statement of Change of Registered Agent ther with our check payable to FL Department of State in the amount of \$5.00.

cess the Statement of Change in due course.

again for your assistance.

Cormick stant

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JECKETARY OF STATE

MENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the provisions of sect at of change is submitte	ed for a corporation	on organi	zed under the laws	of the S	State of	·
in order to c	change its register	rea office	or registered agen	it, or bo	oth, in the Sta	ite
of the corporation: I	OUCTBUSTERS	. INC.		<u></u>		
ipal office address: 2	2054 Weaver	Park.	Clearwater.	FL	33765-2	130
		<u>, </u>		.		
ng address (if different):	<u>=</u> 				
		1				
corporation/qualificati	on: <u>10/26/</u>	1989	Document numbe	r: <u>L2</u> .	5797	
and street address of t epartment of State:	he current register	ed agent	and registered offic	e on fil	e with the	
_		-				
Linda Sayle		•		· ·		
_2054_Weave1						
<u>Clearwater</u>	FL 33765					
e and street address of	f the new register	ed agent	(if changed) and /	or regis	stered office	(if
Anne S. Mas	son, Esq.					
MASON LAW, 17757 U.S.	P.A. Hwy, 19 N. P.O. Box or personal mai	Suite	500 ceptable)		. •	
Clearwater		-				
ddress of its registered anged will be identical		eet addre	ss of the business	office o	f its registere	d
was authorized by recy by the board, or the cor		_				
theer, charman or vice charman	VA.		in writing of the cl s Yacobellis (Printed or typed name and			
ept the appointment a ee to comply with the e of my duties, and I a	s registered agent provisions of all : n familiar with a	t and agre statutes re nd accept	ee to act in this cap elative to the prope the obligation of t	pacity. er and c ny posi	complete tion as	
gent. Or, if this documes, I hereby confirm the	nent is being filea	l merelv t	o reflect a change .	in the r	egistered	
Signature of Registered Agen	it)		(Dati)		APR DREI	
ehalf of an entity:					- AS	77
(Typed or Printed Name)			(Capacity)		NO TO	LED
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	YABLE TO FLORIDA DEP					