## 175636

•	
(Requestor's Name)	
(Address)	
(Address)	
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PICK-UP WAIT MA	JL
(Business Entity Name)	
(Document Number)	
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7/A Ohg: 12/30/03

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ITALY ITALY, INC. (Name of corporation)
DOCUMENT NUMBER: L 75636
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:
ARMANDO E. ROSAL, ESQ.
(Name of person)
LAW OFFICES
(Name of firm/company)
2060 PALM BAY ROAD, SUITE 2
(Address)
PALM BAY, FLORIDA 32905
(City/state and zip code)
For further information concerning this matter, please call:
ARMANDO E. ROSAL at ( 321 ) 728-2300 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(09/03)

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, t itted for a corporation organized under the laws of the State of FLORIDA	<u> </u>
-	gistered office or registered agent, or both, in the State of Florida.	in order
1. The name of	the corporation: ITALY ITALY, INC.	
	office address: 1934 N. WICKHAM ROAD, MELBOURNE, FL 32935	
z. The principal		
3. The mailing	address (if different):	
· · · · · ·		
	poration/qualification: 5/23/90 Document number: L 75636	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	CURRENT AGENT: ALFREDO GIULIO RESIGNED 12/3/03	
	1934 N. wiakhan Rd.	
	Melbourne Fl 32935	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	OS DEC 22
	NEW AGENT: SALVATORE CATALDO	22 1
	1934 N. WICKHAM ROAD, MELBOURNE, FL 32935	REP. TI
	(P.O. Box or personal mailbox NOT acceptable)	LORIDA STATE
The street addr	ess of its registered office and the street address of the business office of its register e identical.	ed agent, as
Such change w	as authorized by resolution duly adopted by its board of directors or by an officer see corporation has been notified in writing of the change.	o authorized by
Sal	Salvatore Cate Signature of art of freed or director)  Salvatore Cate	
I hereby accept I further agree duties, and I an being filed mer been notified iy	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete per in familiar with and accept the obligation of my position as registered agent. Or, if yely to reflect a change in the registered office address, I hereby confirm that the	
Suh	(Signature of Registered Agent)  2/19/20	<u>03</u>
If signing on bo	ehalf of an entity:	
F	(Typed or Printed Name) (Capacity)	·

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