N'0000007324

F. Morris Love 13618 Greenfield Drive, #406 Tampa, Florida 33618						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Service of the servic

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

	ons of sections 607.0502, 6.				s
	submitted for a corporation ange its registered office or		•	-	
			•	•	a ((a
1. The name of the corp	poration: Confresse de la	Chaine des K	otisseurs baillag	e de l'inellas	Gulta
2. The principal office a	address: 13618 Green	ticld Drive	2406		
	Tampa, Flo	orida 33	618		
3. The mailing address	(if different): $-Sa$	ine-			
4. Date of incorporation	1/qualification:	Doc	ument number 0 00	0000732	.4
5. The name and street a Florida Department of	address of the current regist of State:	ered agent and re	egistered office on file	with the	
	Jannifer Collins				
	11850 Dr. M.L. k	ling St N	13108	OJ:	
	11850 Dr. M.L. k	Aprida 3	3716	RETA AHAS	1
	1.			RY SEE	
6. The name and street a (if changed):	address of the new registere	ed agent (if chang	ged) and /or registered		
	F. Morris Love	•		TATE ORIGINAL	
	13618 Greenfie (P.O. Box NOT ac Tampa Hori	12 Drive	4406		
	(P.O. Box NOT ac	cceptable)	, v		
	-lampa Hori	<u>da >%</u>	>\0		
The street address of it as changed will be iden	ts registered office and the ntical.	street address o	f the business office o	f its registered	i agent,
Such change was authorized by the board	orized by resolution duly a d, or the corporation has b	dopted by its bo	oard of directors or by writing of the change.	an officer so	
J Moma	- Sove	F	. Morrishore	Posident	-
I hereby accept the app I further agree to comp of my duties, and I am document is being filed corporation has been n	pointment as registered ag oly with the provisions of a familiar with and accept t d merely to reflect a chang notified in writing of this c	ent and agree to ill statutes relati he obligation of e in the register hange.	o act in this capacity. ive to the proper and of my position as registe ed office address, I he	complete perfo ered agent. O ereby confirm	ormance or, if this that the
۸۸. ۲	Registered Agent)		September (Date)		
If signing on behalf of Contveric dela	can entity: Laine des Rottisse Printed Name)	irus Bailage	de finellas Gulf	Coast Inc	•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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