N0200005879

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Showtyne Allstars Inc.			
DOCUMENT NUMBER: 000005879			
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:			
Christing Smalluck (Name of Contact Person)			
Showtyme Allstars, Inc.			
6410-B Arc Way			
Ft. Myers Fl. 33912 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Christina Smalluck/Uvette Berli 239, 936-2138			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			

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

CR2E045 (8/05)

TO:

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Shouty me Allstans, Inc. 2. The principal office address: 6410-B Arc Way Ft. Murchs Fl. 33912
3. The mailing address (if different): Dem C
4. Date of incorporation/qualification: 8502 Document number: NO200005879
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Connie Glatz 6410-13 Arc Lugy Ft. Myers, Fl. 33912 FE. B
6. The name and street address of the new registered agent (if changed) and /or registered office To To Christing Small uck Letto-B Arc Way (P.O. Box NOT acceptable) Fl. Myers, Fl. 33910
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. (Signature of an officer or director) (Printed or typed name and title)
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 office address in the registered of the confirm that the office address is the registered of the
(Signature of Registered Agent) If signing on behalf of an entity: (Typed or Printed Name)

* * * 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)