

NO 600000 4050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong

C. Coulllette JAN 0 3 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Treasure Coast Pride, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N06000004050

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:

Paul Cazzolla
(Name of Contact Person)

Treasure Coast Pride, Inc.
(Firm/Company)

PO Box 881312
(Address)

Port St Lucie FL 34988
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Cazzolla at (772) 321-5809
(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

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

*Pursuant to the provisions of sections 607.0102, 607.0103, 607.1502, or 607.1503, Florida Statutes, this
 statement of change is submitted for a corporation organized under the laws of the State of Florida
 _____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Treasure Coast Pride, Inc.
2. The principal office address: 1941 SW Hillman St
Port St Lucie FL 34953
3. The mailing address (if different): PO Box 881312
Port St Lucie FL 34988
4. Date of incorporation/qualification: April 11, 2006 Document number: N06000004050
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

<u>David Moore</u>	<u>Current Registered Add</u>
<u>2950 SW Pierson Rd</u>	<u>113 SE Calmoso St</u>
<u>Port St Lucie FL 34953</u>	<u>Port St Lucie FL 34983</u>

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

<u>Keith T Christensen</u>	<u>New Registered Add</u>
<u>1941 SW Hillman St</u>	<u>1941 SW Hillman St</u>
<small>(P.O. Box NOT acceptable)</small>	
<u>Port St Lucie FL 34953</u>	<u>Port St Lucie FL 34953</u>

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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.

Paul Cappuccia
(Signature of an officer or director)

12/18/06
(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
corporation has been notified in writing of this change.*

[Signature]
(Signature of Registered Agent)

12/18/06
(Date)

If signing on behalf of an entity:

KT Christensen
(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)