NO7000004033

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
·				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



200110463882

10/10/07--01010--003 **35.00

C. Coulliette OCT 1 5 200%

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	ECT: THEATREWORKS OF CENTRAL FLO	RIDA, INC.				
	(Name of Corpo	oration)				
DOCU	JMENT NUMBER: N0700004033	A CONTRACTOR OF THE CONTRACTOR				
The end	iclosed Statement of Change of Registered Office/Ag	with and fee are submitted for fi∤ing:				
Please	return all correspondence concerning this matter to t	he following:				
·						
	SCOTT A. COOK					
	(Name of Contact	Person)				
THEATREWORKS OF CENTRAL FLORIDA, INC.						
	(Firm/Compa	any)				
8 EAST CYPRESS STREET						
	(Address)	,				
	DAVENPORT, FL 33837					
(City/State and Zip Code)						
For fur	rther information concerning this matter, please call:					
SCOT	TT A. COOK	407 \ 340-0472				
0001	(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclos	sed is a \$35.00 check made payable to the Departmen	nt 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

statement of chang	rovisions of sections 607.0502, 617.0502, ge is submitted for a corporation organiz	ed under the laws of the State of <u>FLOF</u>	RIDA	
	to change its registered office or register	,		
1. The name of the	e corporation: THEATREWORKS O	F CENTRAL FLORIDA, INC.		
2. The principal o	ffice address: 8 EAST CYPRESS ST	TREET, DAVENPORT, FL 33837		
(AMENDED	ON 10/4/07 - MAY STILL BE IN	PROCESS)		
3. The mailing add	dress (if different): 8 EAST CYPRES	S STREET, DAVENPORT, FL 33	837	
(AMENDED	ON 10/4/07 - MAY STILL BE IN I	PROCESS)		
4: Date of incorpo	oration/qualification: 4/20/07	Document number: N07000040	33	
5. The name and s Florida Departr	street address of the current registered age nent of State:	ent and registered office on file with the		
9	SCOTT. A. COOK			
5	550 HANGING MOSS ROAD			
- [DAVENPORT, FL 33837		• •	
6. The name and s (if changed):	street address of the new registered agent	(if changed) and for registered office	07 OCT 10 SECRETAR TALLAHASS	
	SCOTT. A. COOK		TAR' ASS	FILE
8	BEAST CYPRESS STREET		FE.F	EO
-	(P.O. Box NOT acceptable)		1014 815	
-	DAVENPORT, FL 33837		: 16 TATE ORIDA	
The street address as changed will b	s of its registered office and the street ac e identical.	ddress of the business office of its regis	stered agent,	
	authorized by resolution duly adopted board, or the corporation has been noti			
Sout.	a. look, Pp	SCOTT A. COOK		
I houghy magnet ti	he appointment as registered agent and comply with the provisions of all statuted amiliar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) agree to act in this capacity. tes relative to the proper and complete pation of my position as registered agen registered office address, I hereby con	performance nt. Or, if this nfirm that the	
Xcox	T. C. Cook	10/4/07		
(Sign	ature of Registered Agent)	(Date)		
If signing on beh	afof an entity:			
(Ту	ped or Printed Name)			
	* * * FILING FE	E: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314