N100000007010

(Requestor's Name)				
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Certified Copies	Certificates	s of Status		
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Special Instructions to	Filing Officer:	,		
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Office Use Only



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06/27/11--01019--007 **35.00

R.A.

TRYAWN 6-29-11

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: TAMPA EXECUTIVE Name of	E ALLIANCE INC Corporation				
DOCUMENT NUMBER: N1	000007010				
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
RANDAL	L J. WISER				
Name of C	Contact Person				
TAMPA EXECUT	IVE ALLIANCE INC				
	Company				
	· · · ·				
	22 Ń Dale Mabry Hwy Ste 314				
Ac	ddress				
Tampa, FL 33618					
City/State and Zip Code					
randyw@gulfatlantic hiz					
randyw@gulfatlantic.biz E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	cally				
Randy J. Wiser	912				
Name of Contact Person	at (813) 964-8300 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
	(m) 				
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 cha	provisions of sections 60 nge is submitted for a co r to change its registered	orporation organized	under the laws of the Sta	ate of FLORIDA
1. The name of t	he corporation: TAMF	PA EXEUCTIVI	E ALLIANCE, I	NC.
2. The principal Tampa, FL		If Atlantic Title &	Appraisal 14502 N.	Dale Mabry Hwy. Ste 31
3. The mailing a	ddress (if different): Sa	me as above		
4. Date of incorp	poration/qualification:	07/19/2010	Document number:	N1000007010
	street address of the cur tment of State: (If resign		and registered office on	file with the
	Yolanda Luedde -	Resigned 1771		
		ŢŢ.		
				FILL SECRETA
6. The name and (if changed):	street address of the nev	w registered agent (if	changed) and /or registe	red office SEL
	Randy J. Wiser			FLORES S.
	c/o Gulf Atlantic Ti	tle & Appraisal		85 P
		P.O. Box NOT acce		•
	14502 N. Dale Mai	ory Hwy. Ste 314	, Tampa FL 33618	
The street addre as changed will	ess of its registered office be identical.	ee and the street addr	ess of the business offic	ce of its registered agent,
Such change wa authorized by th	s authorized by resolut te board, or the corpora	ion duly adopted by tion has been notifie	its board of directors or d in writing of the chan	by an officer so
Signatur	e of an officer or phrector		Joyce Ne	
I hereby accept I further agree t of my duties, an document is beid corporation has	the appointment as reg to comply with the prov. d I am familiar with an ng filed merely to reflect been notified in writing	istered agent and ag isions of all statutes d accept the obligati t a change in the rey g of this change.	ree to act in this capact relative to the proper a on of my position as reg gistered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the
Kan	AllM Ber	••	June 21	, 2011
Sign	nature of Registered Agent		Date	
If signing on be	half of an entity:	. 3 ¹⁸		
<u>Kanda</u>	yped or Printed Name			

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