P0000007058

(Re	equestor's Name)		
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(Cir	ty/State/Zip/Phone	#)	
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(Document Number)			
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Special Instructions to	Filing Officer:	1	
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SECRETARY OF STATE

R.A. Change

T BROWN FEB 1 8 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: CIQ _I Inc.				
(Name of co	orporation)			
DOCUMENT NUMBER: P00000007058	 			
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please return all correspondence concerning this matter to t	he following:			
	·			
Brenda Mo	pre			
(Name of person)				
CIQ Inc.				
(Name of firm	Vcompany)			
611 Druid Road				
(Addr	ess)			
Clearwater, F				
(City/state an	d zip code)			
For further information concerning this matter, please call:				
Brenda Moore	at (800) 438-8642 (Area code & daytime telephone number)			
(Name of person)	(Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Departmen	t of State.			
Mailing Address:	Street Address:			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street			
Tallahassee, FL 32314	Tallahassee, FL 32399			

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

_	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, to	
_	tted for a corporation organized under the laws of the State of Florida gistered office or registered agent, or both, in the State of Florida.	in order
to change his reg	sicred office or registered agent, or both, in the state of 1 tornad.	
1. The name of t	the corporation; CIQ, Inc.	
2. The principal	office address: 611 Druid Road Esat #405	
	Clearwater, FL 33756	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: January 21, 2000 Document number: P00000007058	
	street address of the current registered agent and registered office on file with the timent of State:	
	CT Corporation	
	1200 South Pine Island Road - Team I	<i>e</i> 1
	Plantation, FL 33324	18 TO 1
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	OF CHARGE E
	Stavros Tingirides PA	100 m
	804 N Belcher Road, Suite 100	Alle
	(P.O. Box or personal mailbox NOT acceptable)	y
	Clearwater, FL 33765	
The street addre	ess of its registered office and the street address of the business office of its register identical.	ed agent, as
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer see corporation has been notified in writing of the change.	o authorized by
	Paul Snider, President (Printed or typed name and till (Printed or typed name and till	10)
I hereby accept I further agree i duties, and I am being filed mere	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete per a familiar with and accept the obligation of my position as registered agent. Or, if ely to reflect a change in the registered office address, I hereby confirm that the convirting of this change.	ŕ
M	2/6/04	
	(Signature of Registered Agent) (Date)	
If signing on be	half of an entity:	
STAVROS		<u>.</u> .
	(Typed or Printed Name) (Capacity)	

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