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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Noples Pay Coston L. (Name of corpora	Janes, Inc.
DOCUMENT NUMBER: POWWOOSS 3	<u> </u>
The enclosed Statement of Change of Registered Office/Agent and	nd fee are submitted for filing.
Please return all correspondence concerning this matter to the following	llowing:
Sohn Hoss (Name of perso	<u>(                                    </u>
Mades Pru Cust (Name of firm/com	m Homes, Inc.
605 Ecolo C. (Address)	reek Drive
Moples 7 3- (City/state and zip	2013
For further information concerning this matter, please call:	
(Name of person)	at (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of S	State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

				08, Florida Statutes, th	
change is submitted	l for a corporation org	ganized under the la	ws of the State of _	Florida	in order
to change its registe	ered office or registere	ed agent, or both, in	the State of Florida	2.	
I. The name of the	corporation:	no Barla	y Custon	Some	Tre.
2. The principal off	ice address:	5 Ecolo 9	Teck Dr	-ive	<u> </u>
	No	5/02 E	1 3A113	>	
3. The mailing add	ress (if different)				an s
J. The maning accu	(1) (1) (1) (1) (1) (1) (1)		·		
4. Date of incorpora	ation/qualification:	cooperacl	_Document number	er: <b>Pomoo</b>	08830
5. The name and st Florida Departm	reet address of the current of State:	rent registered agent	and registered offi	ce on file with the	
		of Isino	nit O	<u></u>	. कः 
	1,5	5 Eagle	Creek D	Tile.	51.0 O
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6. The name and st	reet address of the nev	v registered agent (if	f changed) and /or r	egistered office	33 0
(if changed):			,		E P
		H Rad	ash	,	ES 13
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		P.O. Box or personal mails	ox NOT acceptable)	Jeive.	7
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-		and some	7C_0		· · · · · · · · · · · · · · · · · · ·
The street address changed will be id	of its registered offic lentical.	e and the street add	lress of the busines	ss office of its register	ed agent, as
				tors or by an officer s	
Jol	TR+		John	R. Hrish	
(Sign	nature of an officer or director	<del>,</del>		(Printed of typed name and ti	ile)
Thereby accept the I further agree to	e appointment as reg comply with the prov	istered agent and a isions of all statutes	gree to act in this ( relative to the pro	capacity. oper and complete pe	rformance of my
duties, and I am for being filed merely been notified in w	amiliar with and acce to reflect a change in riting of this change.	pt the ŏbligation of n the registered offi	fmy position as re ce address, I herel	oper and complete pe gistered agent. Or, if by confirm that the co	this document is rporation has
> 00.	-P 1		11	120/03	
(Si	gnature of Registered Agent)			(Date)	
If signing on beha	df of an entity:		·		
		. 9			
	Typed or Printed Name)			(Capacity)	<u> </u>

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