## P00000024866

(Requ	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer;	
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R.A. Charge

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## **COVER LETTER**

TO: Amendmer Division of	t Section Corporations	
suвјест <u>:</u> Alph	ito (Florida) Inc (Name of Cor	poration)
DOCUMENT NU	мвек: Р00000024866	
The enclosed States	ment of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all con	respondence concerning this matter t	o the following:
<u>!</u>	Lawrence Swan (Name of Cont	act Person)
<u>(</u>	Caloosehatche Tax & Finan (Firm/Con	cial Services Inc
<u>1</u>	749 N E 7th Terrace Suite 4 (Addre	
	ape Coral Florida 33909 (City/State and	• ,
For further informa	tion concerning this matter, please cal	l:
Lawrence Swan	me of Contact Person)	at (239) 242-2402 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	0 check made payable to the Departm	
	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

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

statement of ch	ange is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Sta anized under the laws of the State of istered agent, or both, in the State of Flor		<del></del>		
1. The name of	the corporation: Alphito (Florida) Inc	C				
2. The principal	office address: 3916 SE 18th Place	e Cape Coral Florida 33904	<del></del>			
3. The mailing	address (if different): 1749 N E 10th	Terrace Suite 4 Cape Coral Flo	rida 3390	09		
4. Date of incor	poration/qualification: 3/10/2000	Document number: P000000	24866			
	d street address of the current registered rtment of State:	agent and registered office on file with	the LAH	- 2006 FEB		
	Ricciani Mathis & Jessen (	CPAS	ASS	F1L B 27	<u> </u>	
	OOZA A Desirita CallOT					
	Ft. Myers Florida 33919		PR S	AM II:		
6. The name and (if changed):		)		Seri	rice Inc	
The street addr	ess of its registered office and the street be identical.	et address of the business office of its r	egistered	agent,		
Such change w authorized by t	as authorized by resolution duly adopting board, or the corporation has been	ted by its board of directors or by an of notified in writing of the change.	ficer so			
// (Signat	ure of an officer or director)	Dr Rudolf Marx President	<del>a</del>	<del></del>		
uocumem is ve	the appointment as registered agent of to comply with the provisions of all st and I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity, atutes relative to the proper and compl bligation of my position as registered of the registered office address, I hereby	lete perfor agent. Or,	mance , if this hat the		
davien	e Juca-	February 13th 2006	<del></del>			
·	gnature of Registered Agent)	(Date)				
(	Typed or Printed Name)	FFF. \$25 OA * * *				
	" " rilling i	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)