

P000000048031

Requester's Name	
Address	
City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #) 000004719460--0
-12/11/01--01088--003
*****35.00 *****35.00
4. _____ (Corporation Name) _____ (Document #)

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
01 DEC 11 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : LISENO, INC.

2. The mailing address of the corporation : 12109 U.S. HIGHWAY 19,
HUDSON, FLORIDA 34667

3. Date of incorporation/qualification: MAY 11, 2000 Document number: P00000048031

4. The name and address of the current registered agent and office:

EUGENE VALINAGGI
12109 U.S. HIGHWAY 19
HUDSON, FLORIDA 34667

FILED
01 DEC 11 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

LISA M. DEVLIN
12109 U.S. HIGHWAY 19
HUDSON, FLORIDA 34667

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Awa M. Daul ; Eugene Valinaggi
(Signature of an officer, chairman or vice chairman of the board)

06-21-01
(Date)

Director

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Awa M. Daul
(Signature of Registered Agent)

6-21-01
(Date)

If signing on behalf of an entity:

LISA M. DEVLIN
(Typed or Printed Name)

(Capacity)

STATE OF FLORIDA
COUNTY OF HERNANDO

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

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 21ST DAY OF JUNE 2001 BY LISA M DEVLIN
CR2E045(9/00)
AND EUGENE VALINAGGI DIVISION OF CORPORATIONS P.O. Box 6327 TALLAHASSEE, FL 32311
WHO PRODUCED FL DL AS IDENTIFICATION

