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TRANSMITTAL LETTER

Divisio	n of Corporations							
SUBJECT:	ATLANTIS	LABORATOF	RIES, INC	corporation)		** · · · · · · · · · · · · · · · · · ·	<u> </u>	· .' -
DOCUMENT I	NUMBER:	P00000051	,	· · · =		·		-
The enclosed St	atement of Chan			Agent and fee	are submit	ted for filing		
Please return all	correspondence	concerning th	nis matter to	the following	ıg:			
	JACK	B. SPIRA,	ESQ.	of person)		·	·	
	SPIRA	, BEADLE		RELL, PA	, , , , , , , , , , , , , , , , , , , 			_
	5205	BABCOCK S						
			(Ad	dress)				
<u> </u>	PALM	BAY, FL 3	290 <u>5</u> (City/state :	and zip code)		"		
For further infor	mation concerni							
JACK B.	SPIRA, ESQ. (Name of	person)	<u> 11. 35 .</u>	at (321 (Area code	725-500 & daytime t	0 telephone nu	mber)
Enclosed is a \$3	5.00 check made	payable to the	ne Departm	ent of State.				
Div P.O	iling Address: endment Section ision of Corporati . Box 6327	ons			Amendr Divisior 409 E. C	ddress: nent Section of Corporati	ons	

TO:

Amendment Section

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

Pursuant to the provisions of change is submitted for a con					-
to change its registered office	ē	•	· ————		
1. The name of the corporatio	ATLANTIS	S LABORATORIES	INC.		
2. The principal office address	700 JOH	RHODES BLVD.	, UNIT 5B		
	MELBOURI	NE, FL 32904	<u> </u>	· "F"	
3. The mailing address (if diff	erent):	·	<u></u>	<u> </u>	
		<u> </u>	***	<u>, , , , , , , , , , , , , , , , , , , </u>	
4. Date of incorporation/quali	ication: <u>May 25, 20</u>	000 Document nu	mber:P0000005	1590	
5. The name and street addres Florida Department of State		agent and registered	office on file with the	;	
	GRAEF, CHARLES M	<u> </u>		_ _	
	205 SEA DUNES DE	IVE			.
E	MELBOURNE BEACH,	FL 32951 .		<u> </u>	,
6. The name and street addres (if changed):	of the new registered ag	ent (if changed) and A	or registered office	TALLAH	AWH 10
	JACK B. SPIRA, E	SQ.		ASS	724
	5205 BABCOCK ST.	, NE		me Second	3 门
	(P.O. Box or persons PALM BAY, FL 329	I mailbox NOT acceptable)		FLORIG	رة: <u>ح</u>
The street address of its regischanged will be identical.	tered office and the stree	et address of the busi	ness office of its reg	istered ag	ent, as
Such change was authorized the board, or the corporation	resolution duly adopt has been notified in writ	ed by its board of dir	rectors or by an offic	er so auth	orized by
X Signature of an off	cer or director)	CHARLI	ES M. GRAEP. P (Printed or typed name)	RESIDEN	<u>T</u>
I hereby accept the appointm I further agree to comply win duties, and I am familiar wit being filed merely to reflect been notified in writing of th	ent as registered agent a the provisions of all sta and accept the obligati change in the registered s change.	nnd agree to act in th stutes relative to the on of my position as d office address, I he	is capacity. proper and complet registered agent. O reby confirm that th	e perform r, if this d e corpora	ance of my locument is tion has
(Signature of Reg	stered Agent)		19, 2004 (Date)		<u>-</u>
JACK B. SPIRA If signing on behalf of an en	•		(2)		
	·,	<u> </u>	<u> </u>	- ,	
(Typed or Printe	i Name)		(Canacity)		

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