## PODOSSITAL LETTER PODOS PRANSMITTAL LETTER

Amendment Section Division of Corporations

SUBJECT: Cruis'n Cafe, Inc.	
(Name of corporation)	
DOCUMENT NUMBER: P00000052684	
The enclosed Statement of Change of Registered Office/Agent and fee are st	ibmitted for filing.
Please return all correspondence concerning this matter to the following:	
Paula Cason	
(Name of person)	0 <b>0007217424</b> 2 -08/20/0201024002
Cruis'n Cafe, Inc.	*****35.00 *****35.00
(Name of firm/company)	. <del>-</del>
3507 30th Avenue N.	
(Address)	
St. Petersburg, FL 33713	
(City/state and zip code)	
For further information concerning this matter, please call:	
Paula Cason at ( 727 ) 347-2852	
Paula Cason at ( 727 ) 347-2852  (Name of person) (Area code & daytime teleph	one number)
Enclosed is a \$35.00 check made payable to the Department of 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

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

this statement	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, of change is submitted for a corporation organized under the laws of the State of
, Florida	in order to change its registered office or registered agent, or both, in the State
of Florida.	
1. The name of	of the corporation: Cruis'n Cafe, Inc.
2. The princip	al office address: 3507 30th Avenue N.
St. Peterst	ourg, FL 33713
3. The mailing	g address (if different): Same
4	05/05/0000
	propration/qualification: 05/25/2000 Document number: P00000052684
5. The name at Florida Dep	artment of State:
	Amanda Chiappone  3507 30th Avenue N.
	3507 30th Avenue N.
	St. Petersburg, FL 33713
6. The name a	nd street address of the new registered agent (if changed) and /or registered office (if
changed):	Paula Cason
	3507 30th Avenue N.
	(P.O. Box or personal mailbox NOT acceptable)
	St. Petersburg, FL 33713
The street addragent, as chang	ess of its registered office and the street address of the business office of its registered ed will be identical.
Such change w authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
v Vau	Cason, Director  Chairman or vice chairman of the board)  Paula Cason, Director  (Printed or typed name and title)
I hereby accept I further agree performance of registered agen	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 my duties, and I am familiar with and accept the obligation of my position as t. Or, if this document is being filed merely to reflect a change in the registered thereby confirm that the corporation has been notified in writing of this change.
V ( all	gnature of Registered Agent)  V= 1/6/0 Z
If signing on behal	(Date)
- m	yped or Printed Name)
<b>\</b> •	(Capacity)

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