P00000107818

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial mandations to 1 milg Officer.

Office Use Only



000056555270

08/10/05--01020--002 **35.00

OS AUG TO AM 9: 13

at RA

COVER LETTER

Please file this form

TO: Amendment Section Division of Corporations

SUBJECT: The state Hospitality Services, The (Name of corporation)

DOCUMENT NUMBER: POUVO 107 & Ale The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Jusque A. Caccamo (Name of contact person)	
Gray Kobinsin (Firm/Company)	
(Firm/Company)	
401 E. Las Olas Blvd - Smit	21710
(Address)	
Ft. Caudesdale FC 33301 (City/state and zip code)	

For further information concerning this matter, please call:

Name of contact person) at (914) 761.7471 (Area code & daytime telephone 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

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, this statement of change is submitted for a corporation organized under the laws of the State of Floridain order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Interstate Hospitality Services, Inc.
2. The principal office address: S17 SE IST Avenue
Hallandale, FC 33009
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/20/2000 Document number: POOKO 107 818
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Caccamo, You Fr &
3111 Stirling Road Si = 3
ft. Lanverdale fl 33312 55 = 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Joseph A. Caccamo
do ha fabrusca 401 Flas plac Rlvd - Ste 171
(PO. Box NOT acceptable)
Ft. Cauderdale, FC 33301
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, or the corporation has been notified in writing of the change.
(Signature of an officer or director) (Printed or typed name and fittle)
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
*** FILING FEE: \$35.00 * **
CC. The terstate Most stated Services To *** FILING FEE: \$35.00 *** 317 SE ISLAW. MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
£ 3100g