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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN -9 PM 2:44

Law Offices of
STEPHEN P. SAPIENZA
300 N. State Street
P. O. Box 635
Bunnell, Fl. 32110
(386) 437-1814

January 7, 2002

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*****35.00 *****35.00

Division of Corporations
P. O. Box 6327
Tallahassee, Fl. 32314

Re: The Silver Bit Tack & Resale, Inc.

Gentlemen:

Enclosed please find a Statement of Change of Registered Office And Registered Agent form together with a check in the sum of \$35.00.

Please send proof of this change to this office at your earliest convenience.

Very truly yours,


Kathy, Secretary to
STEPHEN P. SAPIENZA

ks
Enclosures

RA Chg.

V SHEPARD JAN 14 2002

Charter No. P01000017280

Date Filed 2/15/01

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: The Silver Bit Tack & Resale, Inc.

2. The name and address of its present registered agent is:

Corporation Service Company
1201 Hays Street
Tallahassee, Fl. 32301

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

Sheila Gavin

1751 County Road 304

Bunnell, Fl. 32110

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

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

Sheila Gavin, President
(Typed or printed name and title)

Signature

Sheila Gavin
President ~~or Vice President~~

Date 1-02-02

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Sheila Gavin

Signature

Sheila Gavin
(Agent)

Date

1-02-02

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