## P01000032045

## TRANSMITTAL LETTER

SUBJECT: Scrap Art, Inc.		
BODDECI.	(Name of corporation)	a - v-
DOCUMENT NUMBER: PO	)1000032045	<u> </u>
The enclosed Statement of Cha	nge of Registered Office/Agent an	nd fee are submitted for filing.
Please return all correspondence	e concerning this matter to the following	lowing:
Alton L. Lightsey	,	
(Name of	person)	
Lightsey & Associates, P.A.		
(Name of firm	n/company)	— <del>प्रच</del> · .
808 S. Denning Dr.		-838832880008
(Addr	-10/15/02010080	
Winter Park, FL 32789		****935.00 *****3
(City/state and	d zip code)	·
For further information concern	ing this matter, please call:	
Virginia Manning	at ( 407 ) 6	22.0025 AH
(Name of person)	(Area code & da	22.0025  lytime telephone number)
		tate TO A TT
Enclosed is a \$35.00 check made	le payable to the Department of St	AMIO: 52 Y OF STATE EE. FLORID
		is 5.
Mailing Address: Amendment Section	Street Address: Amendment Section	D), 10
Division of Corporations	Division of Compretions	
P.O. Box 6327	409 E. Gaines Street	· · · · · · · · · · · · · · · · · · ·
Tallahassee, FL 32314	Tallahassee, FL 32399	and the
		30
		5000
		00/00/05
		601000330200
CR2E045(07/02)		

TO:

Amendment Section **Division of Corporations** 

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

Pursuant to th	ie provisions of sec	ctions 607.0502, 6	17.0502, 607.1508, or 617	1508, Florida Statutes,		
this statement Florida		• •	on organized under the laws red office or registered ager	•		
of Florida.						
1. The name of	f the corporation:	Scrap Art, Inc.				
2. The principa	al office address:7	11 Garden Street, T	itusville FL 32796			
3. The mailing	address (if differer	nt):				
4 Data afina		ion: 03/26/2001	Do over out asserb o	P01000032045		
5. The name ar	rporation/qualifica nd street address of artment of State: Alton L. Lightsey		red agent and registered offic	ر برستان المسلم الم المسلم المسلم		
	2600 Technology	Dr #200		—— SR 52		
	Orlando FL 32804					
6. The name and street address of the new registered agent (if changed) and / changed):  Alton L. Lightsey				or registered office (if		
		808 S. Denning Dr.  (P.O. Box or personal mailbox NOT acceptable)				
	Winter Park FL 32	789				
The street addragent, as change	ress of its registere ged will be identica	d office and the stral.	reet address of the business	office of its registered		
Such change wauthorized by	vas authorized by r the board, or the co	esolution duly ado orporation has been	pted by its board of director i notified in writing of the c	s or by an officer so hange.		
(Signature of an office	er, chairman or vice chairm	an of the board)	(Printed or typed name an	d title)		
I further agree performance o registered age	e to comply with the of my duties, and I d nt. Or, if this docu	e provisions of all a am familiar with a ament is being filed	t and agree to act in this cap statutes relative to the prope nd accept the obligation of r I merely to reflect a change n has been notified in writin	er and complete ny position as in the registered		
///	Yell		10/10/02			
•	Signature of Registered Age	ent)	(Date)			
If signing on beha Alton L. Lightse	<del>-</del>		Agent			
	(Timed or Printed Name)	<del></del>	(Campaity)			

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