

PO1000037394



Professional Financial Services  
and Associates, Inc.  
710 94th Avenue North  
Suite 302  
St. Petersburg, FL 33702

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 600005666496--8  
-06/04/02--01005--015  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in   | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out  | <input type="checkbox"/> Will wait    | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy |                                       |  |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
02 JUN -3 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2

Examiner's Initials

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : DISTINGUISHED LIMOS, INC.

2. The mailing address of the corporation : 10402 LA MIRAGE CT.  
TAMPA FL 33615

3. Date of incorporation/qualification: 4-9-01 Document number: PO1000037394

4. The name and address of the current registered agent and office:

FRANCESCA MICHEMINI V.P.

4407 W. ANITA

TAMPA FL 33611

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box **Not** Acceptable)

JOSEPH F. VALZ

710 94TH AVE N #302

ST. PETERSBURG FL 33702

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.

Don Bell PRES.

(Signature of an officer, chairman or vice chairman of the board)

5-30-02

(Date)

DAVID HILL PRES

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Don Bell  
(Signature of Registered Agent)

5-30-02

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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