

PO1000052280

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WALLIS, INC  
(Name of corporation)

DOCUMENT NUMBER: P01000052280

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:

GORDON COHEN  
(Name of person)

WALLIS, INC.  
(Name of firm/company)

265 RILYN DRIVE  
(Address)

WEST PALM BEACH, FL 33405  
(City/state and zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GORDON COHEN at ( 561 ) 514-9131  
(Name of person) (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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 20, 2004

GORDON COHEN  
WALLIS, INC.  
265 RILYN DRIVE  
WEST PALM BEACH, FL 33405

SUBJECT: WALLIS, INC.  
Ref. Number: P01000052280

We have received your document for WALLIS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 704A00011684

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MAR -8 AM 11:47

DIVISION OF CORPORATIONS

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WALLIS, INC.  
2. The principal office address: 265 RILYN DRIVE  
WEST PALM BEACH, FL 33405  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/25/01 Document number: P010000052280

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

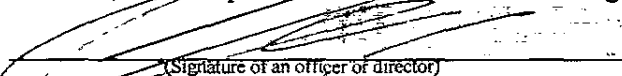
**CORPORATION SERVICE COMPANY**  
1201 HAYS ST  
TALLAHASSEE, FL  
32301-252

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARY CONTESSA  
13749 49th St NORTH  
(P.O. Box or personal mailbox NOT acceptable)  
WEST PALM BEACH FL 33411

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)

GORDON COHEN, DIRECTOR  
(Printed or typed name and title)

*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.*

M L Contessa  
(Signature of Registered Agent)

2/11/04  
(Date)

If signing on behalf of an entity:

MARY L Contessa  
(Typed or Printed Name)

CPA  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA