

PO1000056535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

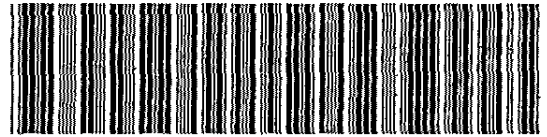
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Rd/change  
10 8/24/04

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Mazzamuto Enterprises  
(Name of corporation)

DOCUMENT NUMBER: 601177900541

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:

Michelle Mazzamuto  
(Name of contact person)

USA Carpet & Tile cleaning  
(Firm/Company)

1161 SE Proctor Lane  
(Address)

Port St. Lucie, FL 34983  
(City/state and zip code)

For further information concerning this matter, please call:

Johnny Mazzamuto at (561) 248-6360  
(Name of contact person) (Area code & daytime telephone number)

Michelle - 772-370-7885

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

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04 AUG 19 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 9, 2004

MICHELLE MAZZAMUTO  
USA CARPET & TILE CLEANING  
1161 SE PROCTOR LANE  
PORT ST. LUCIE, FL 34983

SUBJECT: MAZZAMUTO ENTERPRISES, INC.  
Ref. Number: P01000056535

We have received your document for MAZZAMUTO ENTERPRISES, 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):

What are your intentions in filing this document? If you are changing the address of the registered agent, please provide the address in the space provided on the form.

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: 904A00049315

RECEIVED  
04 AUG 19 AM 10:11  
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: Mazzamuto Enterprises
2. The principal office address: 1161 SE Proctor LN, Port St Lucie  
Florida 34983
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: MAY 29, 2001 Document number: 601177900541
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michelle Mazzamuto  
~~1161 SE Proctor LN~~ 5100 Sandusky Ave **old address**  
~~Port St Lucie, FL 34983~~ Lakewood, FL 33463

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

Michelle Mazzamuto  
1161 SE Proctor LN **NEW Address**  
(P.O. Box NOT acceptable)  
Port St. Lucie FL 34983

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.

Johnny Mazzamuto  
(Signature of an officer or director)

Johnny Mazzamuto - CEO  
(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.

Michelle Mazzamuto  
(Signature of Registered Agent)

08.02.04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32311

FILED  
04 AUG 19 PM 4:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA