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(Req	uestor's Name)				
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TRANSMITTAL LETTER

TO: Amendment Secondivision of Corp	ion orations	-	į	
SUBJECT:	Five G	rul, In	C	<u></u>
DOCUMENT NUMBE	Palan	- _		· · · · · · · · · · · · · · · · · · ·
The enclosed Statement of	of Change of Registered Offic	e/Agent and fee a	are submitted for	filing.
Please return all correspo	ndence concerning this matte	r to the following	; :]
	MARShall (Nam	2 eissma	^	
	(Nam	ne of person)		
LAW	office of M.	ARShall	Reissm	An
 	(Name o	f firm/company)		
513	50 Central	Ave.		1
	`	,		
S	T. Petersburg	5-, FZ 3	3707	
	(City/sta	te and zip code)		
For further information c	oncerning this matter, please	call:		•
DAVID N	lame of person)	at (727 <u>6</u> Area code & da	42-7222 ytime telephone number)
Enclosed is a \$35.00 che	ck made payable to the Depar	tment of State.		
Mailing Add Amendment Division of O P.O. Box 632 Tallahassee,	Section Corporations C7	** :** :	Street Addres Amendment So Division of Co 409 E. Gaines Tallahassee, FI	ection rporations Street

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

Pursuant to the p							1			_
change is submitt		_		-			1-10	RIDA	in	order
to change its regi	-		•	-	•		1			
1. The name of th					•					
2. The principal of	office address:	1239	7	Selchox	RQ.	2.	Svite	360	CARO	02
FL	3377	73					<u> </u>	 _		
3. The mailing ad	dress (if diffe							25h411	Reiss	usn,
4. Date of incorpo								2000	6993	5
5. The name and a Florida Departs		of the curren	t registere	ed agent and r	egistered	l office o	on file wi	th the		
-	H	AMMONI	0 , -	Imel	M	6	<u>ر</u> قع	<u> </u>	. •	
-		1831	H	Bet	chec	L.	ممر	Sik	A-1	
_		Clesse	wher	, FC	33-	761			O	,
6. The name and a (if changed):		of the new re 2Shall		.=		_		1	3 日 日	7
	51	50 Ce	PATYA	Ave	MUSEL	, 14 l.	IDENE	<u> </u>		5 L L C
-		(P.O.	Box or persor	nal mailbox NOT	acceptable)	<u> </u>	<u> </u>	-1	The same	=
-		r. Pet	easbu	y, FL	_ 3	3707	7			
The street addres changed will be i	s of its registe dentical.	ered office ar	nd the stre	eet address o	f the bus	iness of	fice of it	sregister	ed agent, as	:
Such change was the board, or the	authorized () comforation ()	y resolution as been notif	duly ador fied in wr	oted by its boiting of the c	oard of d hange.	irectors	or by an	officer so	o authorized	i by
750	anture of an office	er or director)		··· _	DA			name and un	Residen.	
I hereby accept the I further agree to duties, and I am point filed merely been notified in w	he appointme comply with familiar with y to reflect a criting of this	nt as register the provision and accept to change in the change.	red agent ns of all s he obligat registere	and agree to tatutes relati tion of my po ed office ada	o act in the ive to the sition as lress, I h	•		1	•	f my ent is is
Marshall	0/2		,	## ===================================	.	10	7-13	03	ı	
(5	ignature of Regist	ered Agent)	<u> </u>				(D	atc		
If signing on beha	alf of an entit	y:		-						
		, _ ,	<u> </u>		.					
(Typed or Printed 1	name)					(Cap	acity)		

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