## 01000118924

(Re	equestor's Name)			
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Shelley Alexander, Inc.
	(Name of corporation)
DOCU	JMENT NUMBER:_ P01000118924
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
David	C. Willis, Esquire
	(Name of person)
Rumb	erger, Kirk & Caldwell, P.A.
	(Name of firm/company)
201 S	. Orange Avenue, Suite 300
	(Address)
Orland	do, FL 32801
	(City/state and zip code)
For fur	ther information concerning this matter, please call:
David (	C. Willis, Esquire at (407 839-2486  (Name of person) (Area code & daytime telephone number)
	(Name of person) (Area code & daytime telephone number)
Enclos	ed is a \$35.00 check made payable to the Department of State.
Amend Division P.O. Be	g Address: Iment Section on of Corporations ox 6327 assee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## FILED

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

	•	617.0502, 607.1508, or 617.1508, Florida	•
this statement of FLORIDA	· · · · · · · · · · · · · · · · · · ·	ation organized under the laws of the State of stered office or registered agent, or both, in	
of Florida.  1. The name of	f the corporation: Shelley Alexander		ine oitte
2. The principa	al office address: 5505 N. Atlantic A	venue, Suite 127, Cocoa Beach, FL 32931	
3. The mailing	address (if different):		
4. Date of inco.	rporation/qualification: 12/14/01	Document number: P01000118	8924
	nd street address of the current regis artment of State:  David C. Willis	stered agent and registered office on file with	03 MAR
	225 E. Robinson Street, Suite 600		ASSI ASSI
	Orlando, FL 32801		<b>产</b>
6. The name a changed):	and street address of the new regis	stered agent (if changed) and /or registered of	STAR (II)
	201 S. Orange Avenue, Suite 300		
	(P.O. Box or personal Orlando, FL 32801	mailbox NOT acceptable)	
The street addr	ress of its registered office and the	street address of the business office of its re-	gistered
		dopted by its board of directors or by an officen notified in writing of the change.	
	er, chairman or vice chairman of the board)	(Printed or typed name and title)	<del></del>
I nereby accep I further agree performance o registered agei office address	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with nt. Or, if this document is being fi I hereby confirm that the corpora	ent and agree to act in this capacity. all statutes relative to the proper and comple and accept the obligation of my position as led merely to reflect a change in the register tion has been notified in writing of this chan	te ed ge.
00	Signature of Registered Agent)	March 27,2003	
If signing on beha		(Date)	
	(Typed or Printed Name)	(Capacity)	<del>_</del>

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