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TRANSMITTAL LETTER

Division of Corporations	; ;
SUBJECT: ALFRED T. ROMANOSKI, (Name of corporation)	INC.
DOCUMENT NUMBER: PO200001115	
The enclosed Statement of Change of Registered Office/Agent and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter to the following:	
ALFRED T. ROMANOLKI (Name of person)	
ALFRED T. ROMANOLKI, INC. (Name of firm/company)	
1664 WALDEMETTE STREET (Address)	·
SARASOM, FL 34239 (City/state and zip code)	
For further information concerning this matter, please call:	
MKRED T. ROMANOLKI at (941) 366 (Area code & daytime to	09 08 elephone number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGIS CORPORATIONS	TERED AGENT OR BOTH FOR
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508 of change is submitted for a corporation organized under the laws of the State	
order to change its registered office or registered agent, or both, in the State of	of Florida.
1. The name of the corporation: ALFRED T. ROMANOSK	i, INC.
2. The principal office address: 1664 WALDEMENS STREE	T
SARA SOTA, FC 34239	
3. The mailing address (if different):	-
4. Date of incorporation/qualification: Thousand 2, 2002 Document num	aber: P0200000 1115
5. The name and street address of the current registered agent and registered o Florida Department of State:	ffice on file with the
MARK HANKINS, FLORIDA INC	CONDONATIONS, INC.
1221 BRICKELL AVE SU	ite 900
MIAMI, FL 33131	
6. The name and street address of the new registered agent (if changed) and /o (if changed):	registered office
BB75 HIDDEN RIVER	PARKWAY ALFRED T. ROMANON
SUTTE 300	ILLA WALDEMINE S
(P.O. Box or personal mailbox NOT acceptable)	SARNSON, FL 3423
- TAMPA, KL 33637	
The street address of its registered office and the street address of the busine changed will be identical.	ss office of its registered agent, as
Such change was authorized by resolution duly adopted by its board of directly the board, or the corporation has been notified in writing of the change.	tors or by an officer so authorized
Physiosia Auroso (Printed of	Romy Nova, MENDLM
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligation of my position a document is being filed merely to reflect a change in the registered office an corporation has been notified in writing of this change.	capacity. oper and complete performance of s registered agent. Or, if this dress, I hereby confirm that the 2 2004 (Date) (Capacity)
Aubuss	2,2004 - 電景工
(Stignature of Registered Agent)	(Date)
If signing on behalf of an entity:	PA 2:
(Typed or Printed Name)	(Capacity)

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

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