

PO2000006535

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: JOSEPH ALFIERI II, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P02000006535

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:

JOSEPH ALFIERI II  
(Name of person)

JOSEPH ALFIERI II, Inc.  
(Name of firm/company)

19013 CHEMILLE DR  
(Address)

Lutz FL 33558  
(City/state and zip code)

700008305817--5  
-10/10/02--01045--012  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

For further information concerning this matter, please call:

JOSEPH ALFIERI II at ( 813 ) 361-2787  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 OCT 10 AM 10:11

R.A. Charge  
LPT  
10-10-2002

**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: JOSEPH ALFIERI II, INC.
2. The principal office address: 19018 CHEMILLE DR  
Lutz, FL 33558
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: JANUARY 18, 2002 Document number: P02000006535

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

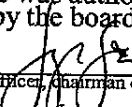
BUSINESS FILINGS  
1000 WEST AVE, Suite 1114  
MIAMI BEACH, FL 33139 (MIAMI-DADE COUNTY)

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

JOSEPH ALFIERI II  
19018 CHEMILLE DR  
(P.O. Box or personal mailbox NOT acceptable)  
Lutz, FL 33558

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, chairman or vice chairman of the board)

JOSEPH ALFIERI II, 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.*

  
(Signature of Registered Agent)

10/7/02  
(Date)

If signing on behalf of an entity:

JOSEPH ALFIERI II  
(Typed or Printed Name)

(Capacity)

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

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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