## 0000284 TRANSMITTAL LEFFER

SUBJECT: STALLONE'S FRANCHISE CORP
(Name of corporation)

DOCUMENT NUMBER: PO2 0000 28408 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: VAMES STALLONE
(Name of person) STALLONE'S FRANCHISE CORP
(Name of firm/company) \*\*\*\*\*35,00 \*\*\*\*\*35,00 3258 W. HILLSBORD BLVD. (Address) DEER FIELD BEACH FL. 33442 (City/state and zip code) For further information concerning this matter, please call: JAMES STALLONG at (954) 570 8661 (Area code & daytime telephone number) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street 6000 y S Tallahassee, FL 32399

CR2E045(07/02)

Tallahassee, FL 32314

Amendment Section

Division of Corporations

TO:

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

Pursuant to the	provisions of sections 607.0502, 6	517.0502, 6	07.1508	, or 617.150	98, Flor	ida Statute.	ς,
this statement of	f change is submitted for a corporat	ion organiz	ed unde	r the laws of	the Stai	te of	
FLORIDA	in order to change its registe	ered office	or regisi	ered agent,	or both	, in the Stat	'e
of Florida.							2
1. The name of	the corporation: STALLONE'	5 FRAN	CHISE	CORP.			<del></del>
2. The principal	office address: 3258 U	1. HILL	-5BOA	O BLV	0		<del></del>
	DEERFIE	LD BEI	RCH,	FL 33	442		<del></del>
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification: 2/25/0.	2	Docume	ent number:	Po.	2000028	1408
	d street address of the current registertment of State:	ered agent a	nd regis	tered office	on file v	7-	
	HARRY J. JENZ.	AND, J	æ.			02 AL	ainthough
	HARRY J. JENZ. 3640 N. FEDERAL	HIGHW	ay_				1
	LIGHTHOUSE POIN				<u></u>	6 PM	
	nd street address of the new registe	ered agent	(if chan	ged) and /or	registe		
changed):	JAMES STAL	LONE				55 55	
	3258 W. HILL (P.O. Box or personal m	SBORO	BLV	۵			
	• • • • • • • • • • • • • • • • • • • •		-				-
	DEERFIELD B	EACH	FL	33442			
	ess of its registered office and the s ed will be identical.						d
Such change w authorized by t	as authorized by resolution duly ad he board, or the corporation has bee	opted by its en notified	board o	of directors of the cha	or by an inge.	officer so	
1 (hagget)	r, chairman of vice chairman of the board)	JAMES	STA 1	LONE typed name and t	ALESA itle)	DENT	-
I hereby accept I further agree performance of	t the appointment as registered age to comply with the provisions of al f my duties, and I am familiar with nt. Or, if this document is being file I kereby confirm that the corporati	nt and agre l statutes re and accept ed merely to	ee to act elative to the obli o reflect	in this capa the proper gation of my a change in	city. and cor position the reg	mplete m as istered	
/ Hamost	Signature of Registered Agent)		7/-3	1/-0 Q (Date)		<del></del>	
If signing on beha	<del>-</del>				· · · · · ·	- The first that the second	
JAMO			PRES	IDENT	*		VED
(	Typed or Printed Name)  * * * FILING F	FEE: \$35.0	0 * * *	(Capacity)	6.1	AUG 04	205? Sec-28
Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					1		