P02000076315

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



900020969249

06/23/03--01065--004 **35.00



RAChart/1/03

51 Table 1.7

TO:

Amendment Section

TRANSMITTAL LETTER

SUBJECT: Add to Excellence of ST. Pole Toc (Name of Corporation) DOCUMENT NUMBER: PODOOOO 76315 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES ONE (Name of Person) Add Excellence of ST Pete, Inc. (Name of Firm/Company) 500 110 Age N. #813 (Address) ST. Peterson FL 33716 (City/State and ZipCode) For further information concerning this matter, please call: JAMES ONE at (707) 322 - 2900	Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES DIKE (Name of Person) Address ST. Pelersor of L 33716 (City/State and Zip Code) For further information concerning this matter, please call: JAMES DIKE at (727) 322 - 2900	SUBJECT: Addio Excellence of St. Pote, Troc
Please return all correspondence concerning this matter to the following: JAMES Doke (Name of Person) Address Firm/Company) ST. Peterson FL 33716 (City/State and Zip/Code) For further information concerning this matter, please call: JAMES Doke at (727) 322 - 2900	
Anes Doke (Name of Person) Address Address ST. Petersora FL 33716 (City/State and Zip Code) For further information concerning this matter, please call: James Oke at (727) 322-2900	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
(Name of Person) Address Excellence of St Pete, Inc (Name of Firm/Company) 500 110 H Ave N. #813 (Address) ST. Petersorg FL 33716 (City/State and Zip/Code) For further information concerning this matter, please call: JAMES Obec. at (707) 322-2900	Please return all correspondence concerning this matter to the following:
(Name of Firm/Company) ST. Petersborg FL 33716 (City/State and Zip/Code) For further information concerning this matter, please call: JAMES Oke at (727) 322 - 2900	JA Me S Doke (Name of Person)
ST. Pelersborg FL 33716 (City/State and Zip/Code) For further information concerning this matter, please call:	
(City/State and Zip/Code) For further information concerning this matter, please call:	500 110th Ave N. #813
JAMES Obke at (727) 322-2900	
	For further information concerning this matter, please call:
(Name of reison) (Area Code & Daytime Telephone Number)	JAMES Dike at (70-) 322 - 2900 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida 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

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 O
in order to change its registered office or registered agent, or both in the State
of Florida. 1. The name of the corporation: Audio Excellence of St. Pete, INC. 5
2. The principal office address: 500 110th Ave N. #813 ST. Pelershoung FL 33716
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/15/2000 Document number: P0200 60763
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Michael O. Ouke,
3732 Hand Ave S.
ST. Petersburg FL 33711
6. The name and street address of the new registered agent (if changed) and /or registered office (if
chariged): James Ouke
600 110th Ave N # 813
ST. Pélersloag FL 33716
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 fourth or the corporation has been notified in writing of the change.
Superspire of an officer, charitake of vice charitakes of the bound) [Superspire of an officer, charitake of vice charitakes of the bound)
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 endress, I hereby confirm that the corporation has been notified in writing of this change. (Signature of Requirered Agost) (Data)
If signific on behalf of an entity:
(Typed or Philied Namo) (Capacity)
* * * FILING FEE: \$35.00 * * *

Make checke payable to Florida Department of State and Mail to: Division of Corporatione, P.O. Hox 6327, Tallahassee, FL 32314