## P02000085794

(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	<b>⇒</b> #)		
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SECRETARY OF STATE
SECRETARY OF FLORIDS

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Central Real Estate Services, Inc. (Name of Corporation)				
DOCUMENT NUMBER: P02000085794				
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:				
, and the second	J			
Lisa S. Del Vecchio, Esq.				
(Name of Contact Person)				
Thompson Goodis, et al (Firm/Company)				
(i iiii compo				
700 Central Avenue, Suite 500				
(Address)				
St. Petersburg, Florida 33701				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Lisa S. Del Vecchio, Esqat	(Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\cdot$ . FOR CORPORATIONS

statement of change is su	bmitted for a corporation organ	$02$ , 607.1508, or 617.1508, Florida Statistical under the laws of the State of $\frac{F}{F}$	lorida
	ge its registered office or registeration: Central Real Estate Se	ered agent, or both, in the State of Fla ervices, Inc.	riaa.
		te 104, St. Petersburg, Florida 33701	
3. The mailing address (if	f different); same		
4. Date of incorporation/o	qualification; 08/07/2002	Document number: P0200008	5794
5. The name and street ad Florida Department of		gent and registered office on file with	the
Joan I	L. Walker		717 8
5536	Central Avenue		ECH B TI
St. Pe	etersburg, Florida 33707		製工で
6. The name and street ad (if changed):	ldress of the new registered ager	nt (if changed) and /or registered offic	THED MIN: 52
Lisa S	S. Del Vecchio, Esq.		是一 52
700 C	Central Avenue, Suite 50	0	
C+ D-	(P.O. Box NOT acceptable	)	
<del></del>	etersburg, Florida 33701		
The street address of its as changed will be identified	registered office and the street ical.	address of the business office of its	registered agent,
Such change was author authorized by the board,	ized by resolution duly adopted or the corporation has been no	d by its board of directors or by an o partitied in writing of the change.	fficer so
(Signature of an offi	Stolay	Panagiotis Apostolou (Printed or typed name and titl	
I hereby accept the appo I further agree to comply of my duties and I am fa document is being filed a corporation has been no (Signature of R	pintment as registered agent any with the provisions of all statemiliar with and accept the oblumerely to reflect a change in the tiffied in writing of this change egistered Agent)	ind agree to act in this capacity, the proper and complication of my position as registered are registered office address, I hereby (D. 12 - 6) (Date)	•
If signing on behalf of a	ii enijo.		
(Typed or Pru	nted Name)		

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