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Division of Corporations

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From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A

Account Number : 076424003301 Phone : (813)223-7474

Fax Number : (813)229-6553

> JIM 02-2297

REGISTERED AGENT CHANGE

MITCH ROOP, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

252

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

	ange is submitted for a corporation organ er to change its registered office or regist				
1. The name of	the corporation: Mitch Roop, Inc.				<u></u> -
2. The principal	1 office address: 12601 Wood Ibis Way.	Tampa, FL 33624-5717	<u></u> _		
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 10/01/2002	Document number:	P020000	99563	
	d street address of the current registered a artment of State:	gent and registered office	on file wit	h the	
	Mitchell Roop			_	
	12601 Wood Ibis Way	-		_	
	Tampa, FL 33624-5717			_	
6. The name an (if changed):	id street address of the new registered age	nt (if changed) and /or reg	istered offi	DS MAR	
	Nelson T. Castellano			R 16 ASS	ensumer Charles
	101 E. Kennedy Blvd., Suite 2700		<u> </u>		m
	(P.O. Box NOT acceptable)		S 	
	Tampa, Florida 33602-5150			. S S S S S S S	
The street addr	ress of its registered office and the street Il be identical.	address of the business	office of its	s registered ag	ent,
Such change wanthorized by	vas authorized by resolution duly adopte the board, or the corporation has been n	d by its board of director otified in writing of the c	s or by an hange.	officer so	
roop	Thus Helbours Section 1 Section 2 Se	Mitchell Roop, Directo	or o		
I hereby accep I further agree of my duties, a	the appointment as registered agent as to comply with the provisions of all stand I am familiar with and accept the obeing filed merely to reflect a change in this been hotified in writing of this change	nd agree to act in this ca tutes relative to the propi ligation of my position as	pacity. er and com s registere	iplete perform d agent. Or, ij	ance this the
		3/16	/05		
If signing on b	Mnature of Registered Agent) schalf of an entity:	(D	·ave)		
	(Typed or Printed Name)	+ -			• "

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