P02000//8289

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(Document Number)
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Consideration to Filips Officer
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COVER LETTER

SUBJECT:	F & B Cash Industr	ries, Inc.
,	(Name of Corporat	tion)
DOCUMENT NUMBER:	P020001182	89
The enclosed Statement of Change	e of Registered Office/Agen	t and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the	following:
	Tom Tyle (Name of Contact Po	<u>r</u>
	(Name of Contact Pe	erson)
	Thomas C. Tyler, (Firm/Company	<u>Jr., P.A.</u>
	(1 mil/Company	,
	725 Fast Vanios Aven	Cuita 200
	735 East Venice Aven (Address)	ue, Suite 200
	(**************************************	
	Vanina Elorida	24205
 	Venice, Florida (City/State and Zip (3 34265 Code)
For further information concerning		,
. or random morniamon concerning	, tillo mattor, proudo vam.	
Tom Tyler	at (_	941) 488-4422 (Area Code & Daytime Telephone Number)
(Name of Contact)	Person) ((Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made j	navable to the Department o	f State
Zilolosea is a quotico elleen mase p	ajaoie to me Deparament o	. 5.4.0.
Mailing A	.ddress:	Street Address:
Amendm	ent Section	Amendment Section
Division	of Corporations	Division of Corporations
P.O. Box	6327	Clifton Building
Tallahass	see, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of change is submitted for	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or a corporation organized under the laws of the State of Florida
in order to change its reg	ristered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:_F	E & B Cash Industries, Inc.
2. The principal office address: 10	660 North Lockwood Ridge Road
<u>S</u>	arasota, Florida 34237
3. The mailing address (if differen	t): same as above
4. Date of incorporation/qualificat	ion: <u>11-4-2002</u> Document number: <u>P02000118289</u>
5. The name and street address of Florida Department of State: (If	the current registered agent and registered office on file with the resigned, enter resigned)
Thomas C. Ty	/ler, Jr., P.A.
981 Ridgewoo	od Avenue, Suite 104
Venice, Florid	a 34285
6. The name and street address of (if changed):	od Avenue, Suite 104 a 34285 the new registered agent (if changed) and /or registered office yler, Jr., P.A.
Thomas C. Ty	yler, Jr., P.A.
735 East Ven	(P.O. Box NOT acceptable)
Venice, Floric	la 34285
The street address of its registere as changed will be identical.	d office and the street address of the business office of its registered agent,
Such change was authorized by rauthorized by the board, or the co	resolution duly adopted by its board of directors or by an officer so opporation has been notified in writing of the change.
(Signature of arrofficer of direct	Charles F. Cash, Sr., President (Printed or typed name and title)
I further agree to comply with the	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this o reflect a change in the registered office address, I hereby confirm that the writing of this change.
	September 9, 2009
(Signature of Registered A	gent) (Datc)
If signing on behalf of an entity:	
Thomas C. Tyler (Typed or Printed Name)	

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

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