02001235

(Requ	estor's Name)				
(Addre	(Address)				
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(City/S	state/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
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Certified Copies Certificates of Status					
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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT HOLLYWOOD SPIRITS INC							
SUBJECT: HOLLYWOOD SPIRITS INC Name of Corporation							
DOCUMENT NUMBER:	P02000123508						
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:							
YOLANDA M MOORE							
Name of Contact Person							
HOLLYWOOD SPIRITS INC							
	Firm/Company						
3829	LORNA RD, STE 328						
	Address						
BIRN	MINGHAM, AL 35244						
BIRMINGHAM, AL 35244 City/State and Zip Code							
r moore@	mooreandmooready com						
r.moore@mooreandmooreadv.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter	er, please call:						
	-						
YOLANDA M MOORE Name of Contact Person	at (205) 222-6776 Area Code & Daytime Telephone Number						
Name of Confact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address:	Street Address:						
Amendment Section Division of Corporation							
P.O. Box 6327	Clifton Building						
Tallahassee, FL 32							
,	Tallahassee, FL 32301						

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of FLORIDA
1. The name of t	he corporation: HOLL	YWOOD SPI	RITS INC	
	office address: 3829 L HAM, AL 35244		328	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	11/15/2002	Document number:	P02000123508
	street address of the cur tment of State: (If resign		nt and registered office on f	ile with the
	BRETT BARNETT			
	3649 PRESERVE	BLVD		
	PANAMA CITY BE	ACH, FL 32408	3	SECT TALL
6. The name and (if changed):	street address of the nev	w registered agent (if changed) and /or register	APR 23 PM 2:
		· · · · · · · · · · · · · · · · · · ·		FLOR
	383 HARBOR BLV	P.O. Box NOT ac	cceptable	31 RE
	DESTIN, FL 32541			
The street addre	ess of its registered offic be identical.	e and the street ad	dress of the business offic	e of its registered agent,
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or ied in writing of the chang	by an officer so
	re of (in officer or director	<u> </u>	F. LEE MOORE	ne and title
Thereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed morely to reflect focus notified in writin	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	ngree to act in this capacit es relative to the proper an ution of my position as reg egistered office address, I	ty. Id complete performance istered agent. Or, if this I hereby confirm that the
S	nature of Registered Agent		4-19-10 Date	
If signing on be	half of an entity:			
F. LEE	Moore yped or Printed Name			

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