## P02000123891

(Re	equestor's Name)					
(Address)						
(Ac	(dress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: SECOND CUP OF COFFEE, INC.  (Name of corporation)
DOCUMENT NUMBER: P02000123897
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:
EUGENE A. WIECHENS, Esquire
(Name of person)
LANDT, WIECHENS, LaPEER & AYRES
(Name of firm/company)
445 Northeast Eighth Avenue
(Address)
(Name of person)  LANDT, WIECHENS, LaPEER & AYRES  (Name of firm/company)  445 Northeast Eighth Avenue  (Address)  Ocala, Florida 34470  (City/state and zin code)
(City/state and zip code)
For further information concerning this matter, please call:
EUGENE A. WIECHENS at ( 352 ) 732-8622  (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

this statement o	-		ion organized under the		•
FLORIDA	in order	to change its regist	ered office or registered	agent, or both,	, in the State
<i>of Florida.</i> 1. The name of	Etha aamamtian.	SECOND CUP OF	COFFEE INC.		
		2010 N // 1000			
2. The principa	il office address:				
<del></del>		Ocala, Florida 3447	γυ 		<del></del>
3. The mailing	address (if differ	ent):			
4. Date of incom	rporation/qualific	ation: November	20, 2002 Document nu	ımber: P02000	0123897
	nd street address of artment of State: STEVE FOSTE	_	red agent and registered	office on file w	ith the
	2201 Southeas	t 25th Street			
	Ocala, Florida	34471			
6. The name a changed):	nd street address	_	red agent (if changed)	and /or register	red office (if
	3180 Northeast	63rd Street			
		(P.O. Box or personal ma	ilbox NOT acceptable)	:	
	Ocala, Florida 3	4479			
The street addr	ess of its register sed will be identi	red office and the st	reet address of the busin	ness office of its	s registered
Such change wanthorized by	as authorized by	resolution duly add corporation has bee	opted by its board of dire	ectors or by an other change.	officer so
selwar	Maux		President		
'/	r, chairman or vice chair		(Printed or typed no	•	
l fürther agree performance oj registered agei	to comply with t f my duties, and . nt. Or, if this doc	he provisions of all I am familiar with a cument is being file	nt and agree to act in thi statutes relative to the j and accept the obligation d merely to reflect a cha on has been notified in v	proper and com n of my position inge in the regi	ñ as stered
Much	Muil		September 10, 20		
`	Signature of Registered A	Agent)	(Date	)	
lf signing on beha	If of an entity:				
	Typed or Printed Name)		(Capac	eity)	<u> </u>

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

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

SEP 12 PM 2: 55