## 203000003889

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

change is subm	e provisions of sections 60 sitted for a corporation or gistered office or register	ganized under th	e laws of the	State of Florida	Statutes, this	statement or	•
1. The name of	the corporation: MOSCO	OW STATE CII	RCUS, INC.		<u></u> -		<u> </u>
2. The principa	l office address: 176 SAI	CASOTA CENT	ER BOULE	VARD, SARASOTA,	FL 34240		
1747 II	Mependence	Blvd.	E-8	SAKASOTI	9. FC	342	34
3. The mailing	address (if different): SA	ME J		_ <del>_</del>			
		<u> </u>		- <u> </u>	* **		
4. Date of incom	rporation/qualification: 01	/10/2003	Docum	ent number: P030000	03889		_ <u>-</u> -
	d street address of the cur artment of State:	rent registered a	gent and regis	stered office on file wit	h the		
	JAMES L. TURNER		, ·				
•	200 SOUTH ORANGI	E AVENUE					
	SARASOTA, FL 3423	36	(A) prome provide (		ALLA	03 01	
6. The name an (if changed):	d street address of the nev	registered agen	t (if changed)	and /or registered offi	ETARY HASSEI	EC -3	1 j
	CORNELL G. NICHO	LAS	· ·			<b>R</b> [	1
	/747 - <del>1778</del> INDEPENDENC	E BOULEVAR	D, SÚITÉ E	8	STA	~ ~ ~	المسيا
	(i	P.O. Box or personal n	nailbox NOT accep	otable)	مدا من	هَ مَا	
	SARASOTA, FL 3423	4		<u> </u>	<u> </u>		est .
The street addr changed will be	ess of its registered office e identical.	e and the street	address of th	e business office of its	s registered :	agent, as	
Such change w the board or th	as authorized by resoluti e corporation has been n	on duly adopted otified in writin	by its board f of the chan	of directors or by an ge.	officer so au	ithorized b	у
e Com	Signature of an officer or director)	islande	<u>Co</u>	rnell G. Nic		Presid	<u>en</u> t
I hereby accept I further agree duties, and I an being filed mer been notified in	t the appointment as regito comply with the proving familiar with and accepted to reflect a change in writing of this change.	stered agent and sions of all state of the obligation the registered of	d agree to ac ites relative i i of my positi office addres.	t in this capacity, o the proper and com on as registered agen s, I hereby confirm the	plete perfor t. Or, if this at the corpor	mance of i document ration has	my t is
	(Signature of Registered Agent) G. NICHOLAS chalf of an entity:			(Da	ate)		
·		<u> </u>	<u></u>	Presio	7	·	
	(Typed or Printed Name)			(Capa	acity)		

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