P03000019686

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





200022137242

08/18/03--01040--030 **70.00



08/21

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	·ē
SUBJECT: Gotta Quarta Vending Services, Inc. (Name of corporation)	h .
DOCUMENT NUMBER: P03000019686	
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:	
Sandra Kim Duda	
(Name of person)	
Gotta Quarta Vending Services, Inc.	
(Name of firm/company)	٠,
3465 Gulf Coast Drive	
(Address)	
Spring Hill, FL 34607	
(City/state and zip code)	***
For further information concerning this matter, please call:	
Sandra Kim Dudaat (352)	
(Name of person) (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	***

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

Pursuant to the	e provisions of sections 607.0502,	617.0502, 607.1508, or 617.150	8, Florida Statutes,
this statement of Florida	of change is submitted for a corport in order to change its regis	ation organized under the laws of stered office or registered agent,	-
of Florida.		5	4.0
1. The name of	the corporation: Gotta Quarta Ven	ding Services, Inc.	A SEE
2. The principa	l office address: 3465 Gulf Coast D	Prive, Spring Hill, FL 34607	AUG 18
3. The mailing	address (if different): Same as abo	ove	Errora 85
4. Date of incom	rporation/qualification: 02/15/200	Document number:	C.11
	d street address of the current regis artment of State: Brian J. Cadigan	stered agent and registered office of	on file with the
	3465 Gulf Coast Drive		
	Spring Hill, FL 34607		•
6. The name a changed):	nd street address of the new regis	stered agent (if changed) and /or	registered office (if
	3465 Gulf Coast Drive		
	(P.O. Box or personal	mailbox NOT acceptable)	
	Spring Hill, FL 34607		
The street addr	ess of its registered office and the ed will be identical.	street address of the business offi	ice of its registered
Such change wanthprized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors of een notified in writing of the char	r by an officer so nge.
Andra Oliver	r, chairman or vice chairman of the board)	Sandra Kim Duda, President (Printed or typed name and title	
I hereby accept I further agree performance of registered ager	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with tt. Or, if this document is being fil I hereby confirm that the corporat	ent and agree to act in this capacell statutes relative to the proper of and accept the obligation of my led merely to reflect a change in the tion has been notified in writing of August 13, 2003	oity. and complete position as the registered
/ If signing on beha	Signature of Registered Agent)	(Date)	
rr eighnig on ochs	ii oi aii chuty.		
(Typed or Printed Name)	(Capacity)	

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