## P0300021231

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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: A & L. MZOIA GROP, INC. (Name of corporation)
DOCUMENT NUMBER: -P0300021231
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:
LINA M. CASTRESON  (Name of person)
(Name of firm/company)
P.O. Box 11211 (Address)
NAPLES FL 34101 (City/state and zip code)
For further information concerning this matter, please call:
Lina M. Enstruction at (237) 354-0029 (Name of person) at (237) 354-0029 (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

TO: Amendment Section

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

Pursuant to the	e provisions of sec	tions 607.050	2, <i>617.0502</i> ,	607.1508, o	r 617.1508	8, Florida Sta	tutes,
-	of change is submitt	-	~				
TLORI	<u>OA</u> in order to	change its reg	gistered office	or registere	ed agent, o	r both, in the	State
of Florida.		,	-				
1. The name of	the corporation:	Adl	MED	A 62	<u>حي 9 :</u>	IN c.	<del></del> .
2. The principal	l office address:	8630	SAPOLE	Brook	CIE.	井 4105	<u> </u>
		NAPLE	5 FL	. 34	104		
3. The mailing	address (if differen	·/·	0. Box				
	<del></del>		APLES	FL	34/0	A GARAGE	<del></del>
4. Date of incor	poration/qualificat	on: FES	21,2003	Document:	number: _	03.000	321231
	d street address of triment of State:		-	-	d office or	i file with the	5
	Who (	5 1 & LC Y	BETAN	COURT	•		圣二
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	Nap	したら	FL 31	1104			3
6. The name ar changed):	nd street address o	A M.	_	ر مه:	wHo 11	Heese	ì a
-		_					7.11
	رم	afles	FL 3	4104		_	
The street addreagent, as change	ess of its registered ed will be identica	office and th	e street addre —	ss of the bus	iness offic	e of its registe	ered
ال بياب	as authorized by re				· ·	_	SO
Signature of an officer	CUNC , chairman or vice chairmai	of the board)	<u>الط</u>	(Printed or typed	name and title	ha poh	-
performance of registered agen	the appointment a to comply with the my duities, and I a t. Or, if this docur I hereby confirm th	m jamiliar wi nent_is being j	th and accept filed merely to	the obligation reflect a ch	on of my p lange in th	osition as we registered	
HUG UF	ignature of Registered Ager	it) .		(Da	(te)		•
lf signing on behal	f of an entity:		_	•			
	WI CASTER!	lop!		VICE P	ession	<u> </u>	<u> </u>
Ĩ)	Typed or Printed Name)			(Cap	acity)		

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