## PD300020012

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Aless, Proporties, Inc. Name of Corporation
DOCUMENT NUMBER: \$\O 03 0000 26612
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:
Philip Alresi In. Name of Contact Person
Alessi Bakery Firm/Company
5202 Eagle Trail Dr.
Tompy, Fl. 33634 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ohilio Alessi, Ir at (8B) 348-028 Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Alessi Proporties, Inc.
2. The principal office address: 5202 Eacle That   Drive Tampa, Fl. 33634
3. The mailing address (if different):
4. Date of incorporation/qualification: 3-4-2003 Document number: PO30000266/2
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Robert Warehola
101 E. Krandy Blud Ste-2800
Tompa, Fl. 33603
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Rick Alverez
P.O. Box NOT acceptable P.O. Box NOT acceptable
P.O. Box NOT acceptable  Tampa, Fl. 33606
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or diffeotor Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document it being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:  AWAREZ GARCIA
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)