# P03000031880

(Re	equestor's Name)	
, (Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Nai	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE

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#### **COVER LETTER**

**To:** Amendment Section Division of Corporations

SUBJECT:	Audio Ease, Inc.	
	(Name of Corporation)	
DOCUMENT NUMBER:	P03000031880	
	age of Registered Office/Agent and fee are submitted for filing. concerning this matter to the following:	
	Celeste Perrino	
	(Name of Contact Person)	
Bush Ross, P.A.		
	(Firm/Company)	
	1801 North Highland Avenue	
	(Address)	
	Tampa, Florida 33602	
	(City/State and Zip Code)	
For further information concerni	ing this matter, please call:	
Celeste Perrino	at ( <u>813</u> ) <u>204-6425</u>	
(Name of Contact Person	n) (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
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)



May 30, 2008

CELESTE PERRINO 1801 NORTH HIGHLAND AVENUE TAMPA, FL 33602

SUBJECT: AUDIO EASE, INC. Ref. Number: P03000031880

We have received your document for AUDIO EASE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 608A00033960

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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: Audio Ease, Inc.			
2.	The principal office address: 11123 North Dale Mabry Hwy., Tampa, FL 33618			
3.	The mailing address (if different): 11123 North Dale Mabry Hwy., Tampa, FL 33618			
4.	Date of incorporation/qualification: 03/19/2003 Document number: P03000031880			
5.	The name and street address of the current registered agent and registered office on file with the Florida Department of State:  Brent A. Jones			
	Brent A. Jones			
	220 C. Farallia Consul			
	Tampa, FL 33602			
6.	Tampa, FL 33602  The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Bush Ross Registered Agent Services, LLC			
	1801 North Highland Avenue			
	Tampa, Florida 33602			
	ne street address of its registered office and the street address of the business office of its registered agent, changed will be identical.			
Su by	tch change was authorized by resolution duly adopted by its board of directors or by an officer so authorized the board, or the corporation has been notified in writing of the change.			
_	CHRIS Hayes Paces vains			
	(Signature of an officer or director) (Printed or typed name and title)			
I f of do	nereby accept the appointment as registered agent and agree to act in this capacity. Surther agree to comply with the provisions of all statutes relative to the proper and complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Of, if this occurrent is being filed merely to reflect a change in the registered office address, I hereby confirm that the reportation has been notified in writing of this change.  (Signature of Registered Agent)			
If	(Signature of Registered Agent) (Date)			
	Celeste Revino Vice Result			
	* * * 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)