LAW OFFICES FRANK J. GRECO, P.A. A FLORIDA PROFESSIONAL ASSOCIATION 4047 HENDERSON BOULEVARD TAMPA FLORIDA 33629 (City/State/Zip/Phone #)	000023274
(Business Entity Name)	10/01/03010130
(Document Number)	
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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 ofin order to change its registered office or registered agent, or both, in the State
of Florida. Fli: 141 Mars 1 - Time
1. The name of the corporation: Elizabeth Morales, INC.
2. The principal office address: 3225 Stonebridge Trail Valrico, Fl. 33594
3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{5/14/2003}{2003}$ Document number: $PO3000053427$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Frank J. Greco
1715 N. Westshore Blud. Ste. 750
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Ernak T Graco
HOUR Handa Roll
(P.O. Box or personal mailbox NOT acceptable)
TAMPA 19, 33629
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.
available of the board or the corporation has been notified in writing of the change.
Signature of the officer, chairman or vice chairman of the board) (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 is being filed merely to reflect a change in the registered office address. Hereby confirm that the corporation has been notified in writing of this change.
9/27/03 2 8
(Date)
If signing on behalf of an emity.
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314