P0300056993

(Requestor's Name)				
(Address)				
((dailed)				
(Address)				
(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Openial landwardings to 5''' and 5''				
Special Instructions to Filing Officer.				
				

Office Use Only



800058628858

66/22/05-01013-009 **35.00

OS NO 22 AN 8: 45 SECRETARY OF STATE

8-24

COVER LETTER

Division of Corporations			
SUBJECT: Whiz Notes			
(Name of corporation)			
DOCUMENT NUMBER: P03000056993			
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:			
Bradley Warren			
(Name of contact person)			
Whiz Notes			
(Firm/Company)			
1219 West University ave.			
(Address)			
Gainesville, FL 32601 (City/state and zip code)			
For further information concerning this matter, please call:			
Bradley Warrenat (352) 380-0076 (Name of contact person) (Area code & daytime telephone number)			
(Name of contact person) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Arnendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319			

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

•	•	617.0502, 607.1508, or 617.1508, Florida Statutes, this norganized under the laws of the State of Florida
-	-	r registered agent, or both, in the State of Florida.
	ne corporation: Whiz Notes	
1. The name of u	ie corporation:	maitu ava Cainamilla El 22601
2. The principal of	office address: 1219 West Office	ersity ave. Gainesville, FL 32601
3. The mailing ac	idress (if different):	
4. Date of incorp	oration/qualification: 05/23/03	Document number: P03000056993
5. The name and Florida Depart		istered agent and registered office on file with the
:	238 West University Ave 2032	Gainesville, FL 32601
		TALL SE
		AUG CRET
		% = 2 F
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registered officer o
	1219 West University ave. Ga	inesville, FL 32601
	(P.O. Box NOT	acceptable)
The street addre	ss of its registered office and the	ne street address of the business office of its registered agent,
		adopted by its board of directors or by an officer so been notified in writing of the change.
9/		Antonio Malave
	re of an officer or director)	(Printed or typed name and title)
of my duties, and document is bei	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a char been notified in writing of this	agent and agree to act in this capacity. f all statutes relative to the proper and complete performance t the obligation of my position as registered agent. Or, if this nge in the registered office address, I hereby confirm that the change.
M	•/-	08/18/05
Z (Sig	mature of Registered Agent)	(Date)
If signing on be	half of an entity:	
Bradley A. Wan	en	
	Typed or Printed Name)	 .

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