## P03000059750

(Requestor's Name)  Kerry E. Brieri  - 6512 S.D. 115th Aw
- 58B SO 115th Ave - - Cooper Oxfy FL 33530 -
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
ALL AHASSEE FLORES

C. Coulliste MAR 3 1 2004

## 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, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida
1. The name of the corporation: CASTAWAY 100% SCKVICE, INC
KOIZ 5 2 11 North ALO
2. The mailing address of the corporation: 58/3 5w (15th Auc.)
3. Date of incorporation/qualification: <u>JUNE L. 2003</u> Document number: <u>PE3000059756</u>
4. The name and address of the current registered agent and registered office:
_ David Cormany
5813 5W 115th thre
Carry City Fr. 33330
5. The name and address of the new registered agent (if changed) and /or registered office (Achanged):
(P.O. Box NOT Acceptable)
- 1014 0 61611
5813 Sw 115th Ave = = = = = = = = = = = = = = = = = = =
_ Cooper City FC. 33330 ==
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.
Mand next
Signature of an officer, chairman or vice chairman of the board)  (Date)
Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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
March: 24.04
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:  Der(4) Brief Chairman
(Typed or Printed Name) (Capacity)

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