## P3000063/6/

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
	,					
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
		,				
- A1001 - A						

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SECRETARY OF STATE
OF A STATE

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## **COVER LETTER**

TO:	FO: Amendment Section Division of Corporations					
SUBJE	CCT: CAUTION, INCORPORATED (Name of Corporation)					
DOCU	MENT NUMBER: P03000062161					
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.				
Please	return all correspondence concerning this matter to the following:					
	GERARDO PICI (Name of Contact Person)	,				
(Firm/Company)						
	2055 DODGE ST (Address)	_				
	CLEARWATER, FL 33760					
	(City/State and Zip Code)	_				
For fur	ther information concerning this matter, please call:					
GERAF	RDO PICI at (727 ) 458-8001 (Name of Contact Person) (Area Code & Daytime Tele	phone Number)				
Enclose	ed 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301					

CR2E045 (8/05)

CALITION

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

statement of cha	provisions of sections 607.0502, 617. nge is submitted for a corporation or r to change its registered office or re	rganized under the laws	of the State of <u>FLO</u>	RIDA	_
1. The name of t	he corporation: CAUTION, INCORPO	ORATED	·		
2. The principal	office address: 2055 DODGE ST		. <u></u>		
CLEARWAT	ER, FL 33760				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 06/05/2003	Document nur	mber: <u>P030000621</u>	61	
	I street address of the current register tment of State:	red agent and registered of	office on file with th		
	THOMAS JENNINGS			O7 M SECI	trest and
	711 PINELLAS ST			O7 MAY 14 SECRLTAR ALLAHASS	Livencents 
	CLEARWATER, FL 33756			RY OF	TI.
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /o	or registered office	F STATE	
	GERARDO PICI			P	
	2055 DODGE ST (P.O. Box NOT accept				
	CLEARWATER, FL 33760				
The street address changed will	oss of its registered office and the st be identical.	creet address of the busin	ness office of its re	gistered age	nt,
Such change was authorized by the	as authorized by resolution duly add ne board or the corporation has bee	opted by its board of dir on notified in writing of	rectors or by an off the change.	ñcer so	
(Signate	tre of an officer or director)	GERARDO PICI (Printed	d or typed name and title)	,	_
of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all of I am familiar with and accept the ng filed merely to reflect a change is been ngofied in writing of this cha	e obligation of my positi in the registered office i	is capacity proper and comple on as registered a address, I hereby c	ete performa gent. Or, if confirm that	nce this the
MV		MAY 9, 2007		·	_
	enature of Registered Agent)		(Date)		
it signing on be	half of an entity:				
GERARDO PIC	Fyped 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)

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