P03000064175

(F	Requestor's Name)			
(A	Address)			
(F	Address)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE POLITAHASSEE, FLORES

COVER LETTER

TO: Amendme Division	ent Section of Corporations	•			
SUBJECT:	tomeland Sales (Name of Corpo	• • • • • • • • • • • • • • • • • • •			
DOCUMENT N	UMBER: 1030000	64175			
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:					
	Denise Russe	11			
(Name of Contact Person)					
Lamont & Auchampau, P.A.					
(Firm/Company)					
P.O. Box 6026					
(Address)					
Clearwater, FL 33758					
	(City/State and Z	ip Code)			
For further inform	nation concerning this matter, please call:				
<u>(N</u>	Denise Russell a lame of Contact Person)	t (727) 772, 7344 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35	.00 check made payable to the Departmer	nt of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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

statement of char	ege is submitted for a corporatio	617.0502, 607.1508, or 617.1508, F on organized under the laws of the S or registered agent, or both, in the St	tate of Florida
 The name of the The principal of 	ne corporation: Homel office address: 3040 Guli	and Sales Comp To Bay Blvd., Clean	ouny, Inc. rwater, FL 33759
3. The mailing ad	dress (if different): 3040	Gulf To Bay Blvd., C	learwater, FL 33759
4. Date of incorpo	oration/qualification: $Q/$	16/03 Document number:	03000064175
5. The name and s Florida Departs		stered agent and registered office or	n file with the
_	David A. Lamo	ont, ESquire	
	30750 U.S. 19) N	
- -	Palm Harbor,	FL 34684	
6. The name and : (if changed):		red agent (if changed) and /or registe	ered office LAHAS
	David A. Lamo	ont, Esquire	NY OF
_	3040 Gulf To		D
-	(P.O. Box NOT:		O8
1 /		e street address of the business off	
Such change was authorized by the	authorized by resolution duly board, or the corporation has	adopted by its board of directors obeen notified in writing of the char	or by an officer so nge.
X/I	// /	Frank Mongellu	•
I hereby adoupt it I funther notice to of my dutick, and document is bein	b swollier or director) The appointment as registered a comply with the provisions of I am familiar with and accept g filed merely to reflect a chan been notified in writing of this	gent and agree to act in this capac all statutes relative to the proper a the obligation of my position as re ge in the registered office address, change.	
		February 6, 20	006
(Sign	ature of Registered Agent)	(Date)	, .
If signing on beh	alf of an entity:		

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

(Typed or Printed Name)