

P03000074312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

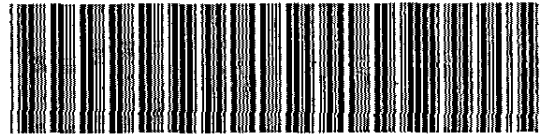
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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Bob  
gbzlob

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rossello and Associates, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000074312

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:

Sallie Tueko  
(Name of Contact Person)

Rossello and Assoc. dba Great Florida Insurance  
(Firm/Company)

10353 Cross Creek Blvd Suite C  
(Address)

Tampa Florida 33647  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sallie Tueko at (813) 994-1143  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Rossello & Associates, Inc.
- 2. The principal office address: 10353 Cross Creek Blvd Suite  
Tampa, Florida 33647
- 3. The mailing address (if different): - SAME -
- 4. Date of incorporation/qualification: 6-30-03 Document number: PD3000074312

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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Laurie E Ohall Esq  
1520 West Cleveland St  
Tampa, FL 33606

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Laurie E. Ohall Esq  
9350 Bay Plaza Blvd Suite 120-04  
(P.O. Box NOT acceptable)  
Tampa, FL 33619

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.

[Signature]  
(Signature of an officer or director)

SALLIE TURKO PRS  
(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, I hereby confirm that the corporation has been notified in writing of this change.

\_\_\_\_\_  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

Laurie Ohall  
(Typed 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