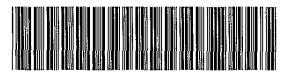
· P0300084683

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Restaino Realty, inc (Name of Corporation)	
DOCUMENT NUMBER: P0300084683	<u>-</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to the following:	
Alfred A. Restaino (Name of Contact Person) Restaino Realty, inc	
3550 Pocahontas Dr (Address) Largo FC 33774 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Alfred Restaino at (727) 583 (Name of Contact Person) (Area Code & Daytin	S - 3515 ne 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.	
1. The name of the corporation: Restaino Realty, inc.	_
2. The principal office address: 3550 Pocahon fas Dr	
Largo, FL 33774 3. The mailing address (if different):	
4. Date of incorporation/qualification: 8/4/2003 Document number: P030000 846	83
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Alfred A. Restains	
1015 10th Ave NW	-
Largo, FL 33770	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	~
_ Alfred A. Restains	
P.O. Box NOT acceptable)	
Largo, FL 33774	
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.	
Office of Medicine Office or director) Affred A. Restating (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.	
arted Eller 12/11/05	
(Signature of Registered Agent) / (Date) If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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