

P03000086327

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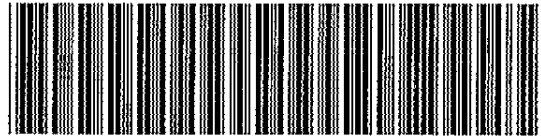
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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 AUG 15 PM 2:58

RECEIVED

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dennis Malloy & Assoc.

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- \_\_\_ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- ☒ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- \_\_\_ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature

Requested by

Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 15, 2003

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL

SUBJECT: DENNIS MALLOY & ASSOCIATES, INC.  
Ref. Number: P03000086327

RECEIVED  
03 SEP -3 AM 9:25  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for DENNIS MALLOY & ASSOCIATES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you sent in for filing are unacceptable. You will need to file a statement of change of agent form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Document Specialist

Letter Number: 303A00046593

**RE-SUBMIT**  
PLEASE OBTAIN THE ORIGINAL  
FILE DATE

**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: Dennis Malloy & Associates, Inc.
2. The principal office address: 18923 St. Laurent Drive, Lutz, FL 33558
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: August 6, 2003 Document number: P03000086327

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

Dennis T. Malloy

18923 St. Laurent Drive

Lutz, FL 33558

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

Capital Connection, Inc.

417 Virginia Street, Ste. 1

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Dennis T. Malloy  
(Signature of an officer, chairman or vice chairman of the board)

Dennis T. Malloy, Director

(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.*

Leilani White  
(Signature of Registered Agent)

8/02/03  
(Date)

If signing on behalf of an entity:

Leilani White  
(Typed or Printed Name)

Client Representative

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314