P03000091363

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE
ANALYSEE FLORING

anio,

COVER LETTER

Division of Co	orporations				
SUBJECT:	VINK VII (Name of Co	The.	-		
DOCUMENT NUME	ER: P030000	91363	· .		
The enclosed Statemer	nt of Change of Registered Office/	Agent and fee are submitted for filing.			
Please return all corres	pondence concerning this matter t	to the following:			
		-			
	Denise Rus	sell			
	(Name of Cont	act Person)			
	Lamont & A	uchampau, P.A.			
	(Firm/Con	npany)	* *		
	P.O. Box 60	026			
	(Addre	ess)			
	Clearwater	, FL 33758			
	(City/State and	Zip Code)			
For further information	n concerning this matter, please ca	11:			
Den (Name	ise Russell of Contact Person)	at (727) 772 7344 (Area Code & Daytime Telephone Numb	erì		
(114411)	o. co	(,		
Enclosed is a \$35.00 cl	heck made payable to the Departn	nent of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

TO: Amendment Section

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

Pursuant to the prov	isions of sections 607.0502, 61	7.0502, 607.1508,	or 617.150 or	8, Florida Si	atutes, th	is	
statement of change	is submitted for a corporation	organized under t	he laws of th	ne State of	Flori	<u>Lda</u>	_
in order to o	change its registered office or i	registered agent, c	or both, in th	e State of Flo	orida.		-
The name of the car The principal office	orporation: \\ \frac{\frac{7 \text{NK}}{3040 \text{ Gulf}}}{3040 \text{ Gulf}}	VII To Bay Blv	ی. d., Cle	earwate:	c, FL	33	759
, ,	****				•		
3. The mailing addre	ess (if different): 3040 Gu	ulf To Bay	Blvd.,	Clearwa	ater,	FL	33759
4. Date of incorporat	ion/qualification: 8/18	7/03 Docum	nent number	P030	0009	136	03
5. The name and stre Florida Departmen	et address of the current registent of State:	ered agent and reg	istered offic	e on file with	ı the		
	David A. Lamon	nt, ESquire	:		٠		÷
	30750 U.S. 19	N			ran N		
	Palm Harbor, F	L 34684		-	SECT	96 F	-
6. The name and stre (if changed):	et address of the new registered	d agent (if change	d) and /or re	gistered offic	RETARY AHASSE	EB 10	
	David A. Lamon	nt, Esquire	:		E P	7	111
	3040 Gulf To E	Bay Blvd.		· -	STAT	9: 07	
	(P.O. Box NOT acc Clearwater, FI				. Žu		
							
The street address of as changed will be in	f its registered office and the addentical.	street address of t	he business	office of its	registere	d age	nt,
Such change was au authorized by the bo	thorized by resolution duly accord, or the corporation has be	dopted by its boar een notified in wri	d of directo	rs or by an o	officer so	ŀ	
X // /		Frank	Monge.	lluzzi,	D)ST		
	of officer or director)	 	•	ped name and tit	· -	-	
I kereb) add plithe of I fuither norse to co of my duties, and I o document is being f corporation has bee	appointment as registered age imply with the provisions of a min familiar with and accept the led merely to reflect a change in notified in writing of this ch	ent and agree to a ll statutes relative ie obligation of m e in the registered iange.	ect in this ca to the prop ty position a office addr	ipacity. Per and comp Is registered Pess, I hereby	plete perj agent. (v confirm	formai Or, if t that t	nce his the
	\sqrt{Y}	Febru	ary 6,	2006			
(Signature	e of Registered Agent)	 	(1	Date)			
If signing on behalf	of an entity:						
(Tyned	or Printed Name)			4			

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