## P03001

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## Amendment Section Division of Corporations TO: SUBJECT: (Name ration) DOCUMENT NUMBER: POSOOO 9 The enclosed Statement of Change of Registered Offic and fee are submitted for filing. Please return all correspondence concerning this matte ollowing: mpany) For further information concerning this matter, please Enclosed is a \$35.00 check made payable to the Depa f State. Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

TRANSMI

LETTER \_

CR2E045(09/03)

Tallahassee, FL 32314

## CORI ONS Pursuant to the provisions of sections 607.0502, 617.054 508, or $617.15\overline{08}$ , Florida Statutes, this statement of change is submitted for a corporation organized under t of the State of LOTICO in order to change its registered office or registered agent, or bo State of Florida\_ 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): 4. Date of incorporation/qualification: cument number: 5. The name and street address of the current registered a registered office on file with the Florida Department of State: 6. The name and street address of the new registered agenged) and /or registered office (if changed): acceptable) The street address of its registered office and the street a changed will be identical. f the business office of its registered agent, as Such change was authorized by resolution duly adopted the board, or the corporation has been notified in writing ard of directors or by an officer so authorized by hange. d or typed name and I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statudaties, and I am familiar with and accept the obligation being filed merely to reflect a change in the registered of been notified in writing of this change. act in this capacity. ve to the proper and complete performance of my sition as registered agent. Or, if this document is ress, I hereby confirm that the corporation has ignature of Registered Agent) If signing on behalf of an entity: (Typed or Printed Name) (Capacity)

\* \* \* FILING F

MAKE CHECKS PAYABLE TO FI

MAIL TO: DIVISION OF CORPORATIONS, I

\* \* \* 00.

PEPARTMENT OF STATE

: 6327, TALLAHASSEE, FL 32314

'E OR REGISTERED AGENT OR BOTH FOR

STATEMENT OF CHANGE OF REGISTERED