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## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: COLOSSEUM ENTERPRISES CORPORATION (Name of Corporation)						
DOCUMENT NUMBER: <i>P03000113013</i>						
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:						
DALE E VESPI (Name of Contact Person)						
COLOSSEUM ENTERPRISES CORPORATION (Firm/Company)						
833 LOTUS LANE NORTH (Address)						
JACKSONVILLE, FL 32259 (City/State and Zip Code)						
For further information concerning this matter, please call:						
PALE E VESPI at (904) 230 - 9815  (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  Street Address:  Amendment Section						

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the provisions of section statement of change is submitted for in order to change its region.	r a corporation organi	zed under the laws of	the State of <u>F2</u> 0	RIDA
morder to change its regi	nerea office or register	eu agent, or vout, in	ine siate of Fioriaa.	
1. The name of the corporation:	COLOSSEUM	ENTERPRIS	ES CORPORA	710N
2. The principal office address:	833 LOTUS	LANE NORT	TH	
	JACKSONV14	(E, FL 32.	259	
3. The mailing address (if different)	•			<u>,</u>
4. Date of incorporation/qualification	on: <u>10/06/2003</u>	Document number	er. <u>P03000</u> ,	1/3 0/3
5. The name and street address of the Florida Department of State;	e current registered ag	ent and registered of	fice on file with the	
JOSEPH V	ESPI			
833 LOTU	S CANE NOR	7/1		
	ILLE, FL 3:			
6. The name and street address of the (if changed):	e new registered agent	(if changed) and /or	registered office	S ~~
	ESPI			PR 2
833 2071	(S LANE NO. (P.O. Box NOT acceptable)	RTH	ASSET ASSET	5 11
	ILLE, FL 32			o U
The street address of its registered as changed will be identical.			93	ored agent,
Such change was authorized by reauthorized by the board, or the cor	solution duly adopted poration has been not	by its board of directified in writing of th	tors or by an officer e change.	·so
(Signature of an officer or director		(Printed or	Typed name and title)	
I hereby accept the appointment as I further agree to comply with the of my duties, and I am familiar wit document is being filed merely to a corporation has been notified in w	registered agent and provisions of all status h and accept the oblig eflect a change in the riting of this change.	agree to act in this tes relative to the pr ation of my position registered office ad	capacity. oper and complete p i as registered agent dress, I hereby confi	performance . Or, if this irm that the
Signature of Registered Ager	pi n)	APRIL 24,	2006 (Date)	
If signing on behalf of an entity:				
DALE E VESP   (Typed or Printed Name)				

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

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