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. (Requestor's Name)
John Petrello 15210 Amberly Dr. #1026 Tampa, FL. 33647
(Address)
(City/State/Zip/Phone #)
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SECRETARY OF STATE
ALLANASSEE, FLORIDA

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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: Sosa + Yetrello Inc.
2. The principal office address: 15210 Amberly Dr. # 1026
Tampa, FL 33647'
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/29/03 Document number: P04000000 66
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Resigned
AN N
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): John Petrello
15210 Amberly Dr. #1026 (P.O. Box No Tacceptable)
Tampa, F2 33647
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.
Man Istulia John Petrello DP (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.
John Milliam 11/16/08 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
alkfjsaldkfj
(Typed or Printed Name)

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