## Po4000017969

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: It's Always Aligood					
	(Name of corporation)					
DOCI	UMENT NUMBER: P04000017969					
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Carolann Aligood					
	(Name of person)					
	C/A's Highway Cafe					
(Name of firm/company)						
_	719 S. Woodland Blvd (Address)					
	DeLand, FL 32720					
	(City/state and zip code)					
For fu	ther information concerning this matter, please call:					
Carol	ann Allgood at ( 386 ) 717 - 2663 (Name of person) (Area code & daytime telephone number)					
Enclos	ed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399					

CR2E045(09/03)

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

			77.1508, or 617.1508, Florida Statutes	, this statement of
		=	ws of the State of Florida	in order
to change its regis	stered office or re	gistered agent, or both, in	the State of Florida.	
1. The name of the	e corporation:	it's Always Allgood, Z	NC	
2. The principal o	ffice address:	719 S. Woodland Blvd		
		DeLand, FL 32720		
3. The mailing add	dress (if different)	):		
4. Date of incorpo	pration/qualification	on: January 26, 2004	Document number: P04000017969	
5. The name and s Florida Departr		ne current registered agent	and registered office on file with the	
<u>_</u>		Rosemarie Watson		<u></u>
		5029 Tyler Street		PALL SEC
_		Hollywood FL 33021		TEB 2
6. The name and s (if changed):	street address of the	ne new registered agent (if	changed) and /or registered office	7 PM
_		Carolann Allgood	<del></del>	- CH 220
_		625 Swarthmore Dr	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(P.O. Box or personal mailbo	x NOT acceptable)	_
-		DeLand, FL 32724	<del>ja</del>	,
The street address changed will be in	s of its registered dentical.	office and the street addr	ress of the business office of its regist	ered agent, as
Such change was the board, or the	authorized by recorporation has b	solution duly adopted by een notified in writing of	its board of directors or by an officer the change.	so authorized by
_ (awk	that an officer or	m	Carolann Allgood/President	(416)
I hereby accept th I further agree to	he appointment a comply with the familiar with and y to reflect a cha	O s registered agent and ag provisions of all statutes accept the obligation of i nge in the registered offic	ree to act in this capacity, relative to the proper and complete p my position as registered agent. Or, e address, I hereby confirm that the c	performance of my
(aufor	en allo	$\mathcal{M}$	02/21/04	
	ignature of Regisfered	Agent)	(Date)	
If signing on beha	au of an entity:			
	Typed or Printed Name	<del>2</del> )	(Capacity)	

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