

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSH ROSS, P.A.
Account Number : I19990000150
Phone : (813)224-9255

Fax Number

: (813)223-9620

REGISTERED AGENT CHANGE

EAST PASCO COMMERCE PARK, INC.

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\$35.00

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Corporate Filing Menu

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https://efile.sumbiz.org/scripts/efilcovr.exe

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COVER LETTER

To: Amendment Section Division of Corporations					
SUBJECT:	East Pasco Commerce Park, Inc.				
-	(Name of Corporation)				
DOCUMENT NUMBER:	P04000024050				
	of Registered Office/Agent and fee are submitted for fine oncerning this matter to the following:	ling.			
	Celeste Perrino				
	(Name of Contact Person)				
	Bush Ross, P.A.				
	(Firm/Company)				
•	1801 North Highland Avenue				
	(Address)				
	Tampa, Florida 33626				
	(City/State and Zip Code)				
For further information concerning	this matter, please call:				
Celeste Perrino (Name of Contact Person)	at (<u>813</u>) <u>204-6425</u> (Area Code& Daytime Telephone Nun	mher)			
(Name of Contact Letson)	(Med Collete Daytillo Totophono Iva	шоог,			
Enclosed is a \$35.00 check made p	payable to the Department of State.				
<u>Mailing Ad</u>					
Amendment					
Division of	Corporations Division of Corporations				

CR2E045 (8/05)

(((H08000121588 3)))

P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

(((H080001215883)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 617.1508, 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	of the corporation:	East Pasco Comm	erce Park, Inc.			_
2. The princip	oal office address:	26615 SR 54 #2. I	atz, FL 33559			
3. The mailin	ng address (if different):	P. O. Box 290298	Tampa, FL 3368	7		
4. Date of inc	orporation/qualification; _	02/04/2004	Document	number: PO	<u> 1000024050</u>	
	and street address of the cur partment of State:	rrent registered ager	at and registered of	ffice on file w	rith the	
	Joseph A. Probasco				سابد	
	220 S. Franklin Street				E	
	Tampa, FL 33602				夏	11/4
6. The name (if change	and street address of the need):	w registered agent	(if changed) and /o	r registered	office &	E
	Bush Ross Re	ristered Agent Serv	rices, LLC		一型。星	نٺ
	1801 North Hi	ghland Avenue	<u> </u>		一篇是分	
	Tampa, Florid	a 33602			_ 影 %	,
	lress of its registered office ill be identical.	and the street addre	ss of the business	office of its r	egistered agent,	
by the board,	was authorized by resolution the corporation has been that the corporation has been that the corporation of	notified in writing	of the change. OAULO		TCHELL	
I hereby accept I further agree of my duties, document is l	ot the appointment as regis te to comply with the provi and I am familiar with an being filed merely to reflec as been notified in writing	tered agent and agr sions of all statutes I accept the obligat t a change in the re	ee to act in this cap relative to the pro ion of my position	pacity. oper and com	plete performa d agent Of, if	this
4			April	<u> 30 , 7</u>	200 <u>8</u>	
If signing on	behalf of an entity: CV (NO) U ed or Printed Name)		ſτ	ме		
. •-	# #	* FILING FEE:	\$35.00 * * *			
CR 7 P.045 (R/0	MAIL TO: DIVISION OF C	payable to Florid Orporations, P.O. I			14	

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