## P04000063578

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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Classic Families, Inc.
(Name of corporation)
DOCUMENT NUMBER: P04000063578
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:
William P. Gray, III
(Name of person)
Forizs & Dogali, P.L.
(Name of firm/company)
390 North Orange Avenue, Suite 1825
(Address)
Orlando, Florida 32801
(City/state and zip code)
For further information concerning this matter, please call:
William P. Gray, III at (_407) 999-8922
(Name of person) (Area code & daytime telephone number)
Enclosed 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

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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ted for a corporation organized under the laws of the State ofFlorida	statement of in order
-	istered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Classic Families, Inc.	
2. The principal	office address: 3956 Town Center Blvd., Suite 163, Orlando, Florida 32837	
		<u> </u>
3. The mailing a	ddress (if different): same as above	
4. Date of incorp	poration/qualification: 4/15/04 Document number: P04000063578	·
	street address of the current registered agent and registered office on file with the tment of State:	
	Christopher R. Qualmann Forizs & Dogali, P.L.	·
	390 North Orange Avenue, Suite 1825	
	Orlando, Florida 32801	· '=
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	04 JUL SECRETI ALL AHA
	William P. Gray, III Forizs & Dogali, P.L.	12 ARY SSEE
	390 North Orange Avenue, Suite 1825	PF S
	(P.O. Box or personal mailbox NOT acceptable)	L 31 STAII LORI
	Orlando, Florida 32801	گل کون
The street addre	ess of its registered office and the street address of the business office of its registered identical.	l agent, as
-	as authorized by resolution duly adopted by its board of directors or by an officer so e corporation has been notified in writing of the change.	authorized by
	Kevin Wardle, Direct of director)  (Printed or types name and title)	
I hereby accept I further agree duties, and I an being filed mer been notified in	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete perform familiar with and accept the obligation of my position as registered agent. Or, if the left to reflect a change in the registered office address, I hereby confirm that the corporation of this change.  The left of Registered Agent (Date)	
11 SIGNING ON DO	chalf of an entity:	
	(Typed or Printed Name) (Capacity)	

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