P0400067088

(Re	equestor's Name)	
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Amendment Section Division of Corporation	3						
SUBJE	CT. CAROL MART	N GILLOOLY ASS	OCIATES INC.					
SCINE	(Name of corporation)							
DOCU	MENT NUMBER:	P04000067088						
The enc	losed Statement of Chan	ge of Registered Offic	e/Agent and fee are submitted	for filing.				
Please r	eturn all correspondence	concerning this matte	r to the following:	•				
		CAROL GILLOOL						
		(Name of co	ntact person)					
	CAROL	MARTIN GILLOOL (Firm/Co	Y ASSOCIATES INC.					
		(Filling)	ompany,					
2098 N.E. GINGER TERRACE (Address)								
		`	·					
		JENSEN BEAG	CH, FL 34957					
	(City/state and zip code)							
For furth	ner information concernie	ng this matter, please o	call:					
CAR	ROL GILLOOLY		at (772) 225-1913					
	(Name of contact	person)	at (772) 225 1913 (Area code & daytime t	elephone number)				
Enclose	d is a \$35.00 check made	payable to the Depart	ment of State.					
	Division P.O. Box	ent Section of Corporations	Street Address: Amendment Section Division of Corporat 409 E. Gaines Street Tallahassee, FL 323	tions				

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

Pursuant to the provisions of secustatement of change is submitted	tions 607.0502, 617.050 for a corporation organ	2, 607.1508, or 61 ized under the law.	7.1508, Florida Statut s of the State of $_{ m FLO}$	es, this RIDA	
in order to change its re					
1. The name of the corporation:	CAROL MARTIN G	ILLOOLY ASSO	CIATES INC.		
2. The principal office address:	2098 N.E. GING	ER TERRACE			
	JENSEN BEACH,	FL 34957			
3. The mailing address (if differen	ıt):		<u></u>		
4. Date of incorporation/qualifica	tion; 04/23/04	Document no	mber: P04000067	088	
The name and street address of Florida Department of State:	the current registered ag	ent and registered	office on file with the		
	CORPORATION SE	RVICE COMPAN	IY		
	1201 HAYS STRE	ET			
	TALLAHASSEE, F.	L 32301		TAS	
6. The name and street address of (if changed):	the new registered agent	(if changed) and /	or registered office	5 MAY - ECRETA LLAHAS	-
	CAROL GILLOOLY			SSEE ARY O	-
	2098 N.E. GING	ER TERRACE		AM II: 2: OF STATE. FLORIC	ָ נ
	(P.O. Box NOT acceptable)			ORI ORI	
	JENSEN BEACH, 1	⁷ L 34957		Şmi N	
The street address of its registered schanged will be identical.	d office and the street a	ddress of the busin	ness office of its regis	itered agent,	
Such change was authorized by re authorized by the board, or the co	esolution duly adopted reporation has been not	by its board of dir fied in writing of	ectors or by an office the change.	r so	
Lower Ollis		020	Mallooks	1	
(Signature of an office or direct		(Printed	or typed lame and title)		
hereby accept the appointment a further agree to comply with the if my duties, and I am familiar w ocument is being filed merely to orporation has been notified in v	nrowenate of all stabil	es relative to the i	nranor and complete (performance t. Or, if this firm that the	
Зу					
(Signature of Registered Ag	ent)		(Date)		
f signing on behalf of an entity:					
(Typed or Printed Name)	· ———				

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

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