## ~ PO400070120

(Req	uestor's Name)	
(Address)		
(Address)		
(City/	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doct	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



600069283156

04/06/06--01034--012 \*\*35.00

RALO Mary

T. Botens W. 19 (M)

OG APR 19 PM 4: 47

## **COVER LETTER**

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## 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.
1. The name of the corporation: Southern HostiTality Associates, Inc
2. The principal office address: 4556 NW 104 Et LANE
COAAL SPRINGS, FC 33076
3. The mailing address (if different): 10693 wiles ROAD #150
Conal sambs, Fl 33076
4. Date of incorporation/qualification: 4-29-64 Document number: P0400070120
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CONTONATION SERVICE CONTANY
1201 HAYS STREET
TALLAHASSEE, FL 32301
6, The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RICHARD DEMATO
4856 NW 104th CAME TO 3
(P.O. Box NOT acceptable)
Conal Spring Fl 33076
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.
(Signature of an officer of director)  Ruftand Denato - Dinector  (Printed or typed name and fitte)
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.
4-4-06
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
KicHARD SEMAIO (Typed or Printed Name)

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

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

CR2E045 (8/05)