## P04000079312

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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SECRETARY CONTAINS
TAIL AHASSEE FLORID



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 1611 Platt Street Partners, Inc.	
(Name of	corporation)
DOCUMENT NUMBER: P04000079312	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Bob G. Freemon	
(Name o	of person)
(Name of fi	rm/company)
1611 West Platt Street	
(Add	dress)
Tampa, Florida 33606	and zip code)
For further information concerning this matter, please call	•
ror further information concerning this matter, please car.	
Bob G. Freemon	at ( 813 ) 253-3600
(Name of person)	at (813) 253-3600 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
	a
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

CR2E045(09/03)

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

	provisions of sections 607.0502, 617.0502, 607.150		· .
-	itted for a corporation organized under the laws of t		in order
to cnange us re	gistered office or registered agent, or both, in the Sto	ue of rioriaa.	
1. The name of	the corporation: 1611 Platt Street Partners, Inc.		
2. The principal	l office address: 1611 West Platt Street, Tampa, Fl	orida 33606	
3. The mailing	address (if different): -same-		
4. Date of incor	poration/qualification: 5/18/2004 Docu	ment number: P04000079312	
	d street address of the current registered agent and re rtment of State:	gistered office on file with the	
	Bob G. Freemon		
	1907 West Kennedy Boulevard	75 P	
	Tampa, Florida 33606	L CRE JE	A Park
6. The name and (if changed):	d street address of the new registered agent (if change	ed) and /or registered office	PITT
	Bob G. Freemon		2:2
	1611 West Platt Street		
	(P.O. Box or personal mailbox NOT a	eceptable)	
	Tampa, Florida 33606		
The street addre	ess of its registered office and the street address of e identical.	the business office of its registered age	ent, as
Such change w	as authorized by resolution duly adopted by its boate corporation has been notified in writing of the ch	urd of directors or by an officer so auth	orized by
an		A. Woodson Isom, Jr., President (Printed or typed 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 to comply with the provisions of all statutes relative in familiar with and accept the obligation of my posely to reflect a change in the registered office address writing of this change.  (Rignatur of Registered Agent)  Chall of an entity:		ince of my ocument is ion has
	(Typed or Printed Name)	(Capacity)	
	TIPDEG OF FIRRED HOUSE	(Capacity)	

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