## P04000080444

(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:

Office Use Only



200050400172

04/18/05--01013--007 \*\*35.00

SECRETARY OF STATE

R. A. Charge LAT-05

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Retro Stone Studios, MC. (Name of corporation)
DOCUMENT NUMBER:
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:
Chris Wiley (Name of contact person)
Retro Stone Studios, /NC.
2117 Harrison Street
Titus VIIIe, FL 32780 (City/state and zip code)
For further information concerning this matter, please call:
Chris Wiley at (321) 383-4819 (Area code & daytime telephone number)
(Name of contact person) (Area code & daylime telephone number)
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 409 E. Gaines Street Tallahassee, FL 32399

## 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 \( \frac{\
1. The name of the corporation: Retro Stone Studios /NC.
2. The principal office address: 2117 Harrison Street
Titusville, FL 32780
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/19/2004 Document number: P04000 86344
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Florida Incorporators, INC.
8875 Hidden River Pkwy., Suite 300 I
Tampa, FL 33637
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Karole Puchalski
2117 Harrison Street (P.O. Box NOT acceptable)
Titusville, FL 32780
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 or director)  Res Cheis (Dies Pes (Printed or typed name and title)
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.
Karole Puchalshi 4/14/05
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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