204000084186

(Requestor's Name)
Brian F. Bedell, PA
3230 Indian Trail Lantana, FL 33462
(Address)
(City/State/Zip/Phone #)
(0.9) 0.000.000.00
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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06/17/04--01025--025 **35.00



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.7508, or 617.1508, Florida Statutes
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: Tony's LAKE WORTH Barbershop, Inc.
2. The mailing address of the corporation is: 8201 PELICAN HARBOUR DRIVE
LAKE WORTH, FL 33467
3. Date of incorporation/qualification: $\frac{5/26/07}{26/09}$ Document number: $\frac{P0400084}{200084}$
4. The name and address of the current registered agent and office:
UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FLORIDA 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Antonio Aprea
72117
LAKE Worth FL 33467
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.
Cities of the Manner of the Ma
(Signature of an officer, chairman or vice chairman of the board) (Date)
ANTONIO A OICA - President (Printed or typed name and title)
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I firstly across to comply with the provisions of all statutes relative to the proper and complete.
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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