

PK1000115660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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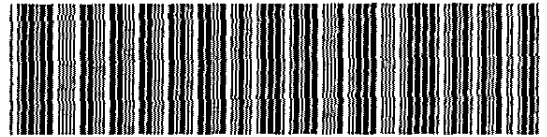
(Business Entity Name)

(Document Number)

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CLERK, JUDICIAL STATE
TALLAHASSEE, FLORIDA

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MD 8/31

Filing of Documents

We enclose the following documents for filing with your office:

August 18, 2004

Statement of Change of Registered Office and Registered Agent
& \$35.00

Please contact us if you have any questions.

To:

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Richard M. Georges, P.A.

P.O. Box 14545
St. Petersburg, FL 33733
727-321-4420 (phone) 727-321-2398 (fax)

Charter No. P04000115660

Date Filed 8/9/04

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the under-
signed corporation, organized under the laws of the State of Florida, submits the following statement for
the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: SWEET DREAMS LIMOUSINE, INC.

2. The name and address of its present registered agent is:

Richard M. Georges
3656 First Ave. N.
St. Petersburg, FL 33713

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

Steve Migliore
2545 13th Ave. N.
St. Petersburg, FL 33713

4. The street address of its registered office and the street address of the business office of its registered
agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of
the corporation so authorized by the board of directors.

Steve Migliore, President
(Typed or printed name and title)

Signature



(President or Vice President)

Date August 18, 2004

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR-
HER 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 UNDER SECTION 607.0505, FLORIDA
STATUTES.

Please Print/Type Name Steve Migliore

Signature



(Agent)

Date August 18, 2004

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA