P04000147559

(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



300043408883

12/17/04--01020--015 **85.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Koala Homes, Inc. (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:
Lee Spaziano (Name of contact person)
Koala Homes, Inc (Firm/Company)
437 E. Center Street
Altamonte Springs, FL 32701 (City/state and zip code)
For further information concerning this matter, please call:
Lee Spaziano at 407, 491-4025 (Name of contact person) (Area code & daytime telephone number)
(Name of contact person) (Area code & daytime telephone number)
Ender 12 and 600 to be added and the December of Chate

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

Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Koala Homes, Inc.
2. The principal office address: 43 7 E. Center St. Altamente Springs, Fb 32701
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10/26/04 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Suncoast Accounting Services
5116 North Armenia Ave
Tampa, FL 33603-14068
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lee Spaziano 437 E Center St.
437 E Center St. S.
Altamonte Springs, FL 32701
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.
LS. Lee Soaziano President (Signature of an officer of director) President (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.
2.5. Les Registered Registered agent) Rep Agent 12 (Date) / 04
If signing on behalf of an entity:
(Typed or Printed Name)

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