'2006 FOR PROFIT CORPORATI

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # P04000147844** 04-03-2006 90406 002 ***150.00 1. Entity Name LEATHER LOFT OF SARASOTA, INC. Principal Place of Business Mailing Address 50008399 25716 US HWY. 19 N 25716 US HWY. 19 N CLEARWATER, FL 33763 CLEARWATER, FL 33763 2. Principal Place of Business 3. Mailing Address 1668 S. Tamiani Trai <u> 3091</u> S. Tamiani Trail Suite, Apt. #, etc. Suite, Apt. #, etc. 02152006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 54-2162223 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired <u>arasot9</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMILTON, THEODORE J Street Address (P.O. Box Number is Not Acceptable) 1010 N. FLORIDA AVE. TAMPA, FL 33602 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE **C**hange ☐ Addition stacy, Kastle 76685 Tamiami Trail STACY, KASTLE NAME NAME STREET ADDRESS 25716 US HWY. 19 N STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33763 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition YOUNG, VINCE NAME NAME 25716 US HWY. 19 N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33763 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment er like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED