P04000150598

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	3 #)
_		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies Certificates of Status		
Consider Instructions to	Filing Officer	· · · · ·
Special Instructions to	riling Onicei.	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

% Smith SEP 3 0 2805

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Abba's Ang	gels Inc. Corporation)
DOCUMENT NUM	IBER: P04000150598	
The enclosed Statem	ent of Change of Registered Offic	ce/Agent and fee are submitted for filing.
Please return all corr	espondence concerning this matte	er to the following:
_	Tacy L. W (Name of Co	alton ontact Person)
_	Abba's A	ngels Inc. Company)
	2623 Tys (Ad	on Ave. dress)
		orida 33611 and Zip Code)
For further informati	ion concerning this matter, please	call:
Tacy Walton (Nan	ne of Contact Person)	at (813) 362-0921 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.	_
The name of the corporation: Abba's Angels Inc.	
2. The principal office address: 2623 Tyson Ave. 2. The principal office address: 2623 Tyson Ave.	
Tampa, Florida	-
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/02/04 Document number: P04000150598	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Tacy L. Walton	
38230 4th Ave.	
Zephyrhills, Florida 33542	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Tacy L. Walton (no change in registered agent)	
2623 Tyson Ave.	<u> </u>
(P.O. Box NOT acceptable)	i Fri
Tampa, Florida 33611	Ö
The street address of its registered office and the street address of the business office of its registered ag as changed will be identical.	ent,
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.	
Tacy L. Walton/President (Signature of an officer of director) Tacy L. Walton/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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, is document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.	ance f this t the
(Shenature of Registered Agent) (Shenature of Registered Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)