## Po4000170475

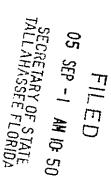
(Re	equestor's Name)	
(Ac	idress)	
(Δ.	idress)	
<i>(,</i>		
(Ci	ty/State/Zip/Phone	<del>(f)</del>
PICK-UP	WAIT	MAIL
(Ri	ısiness Entity Name	<u>a)</u>
(50	ionicoo Enucy Hame	·
(Document Number)		
Certified Copies	Certificates o	of Status
T		
Special Instructions to	Filing Officer:	

Office Use Only



000058329770

09/01/05--(00)8--019 \*\*35.00



**\*\*** 

apo

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Tawtalus Capital Services Corporation (Name of corporation)  DOCUMENT NUMBER: P04000170 475
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:
Tod TuckEromau
(Name of contact person)
Tantalus Capital Services Corporation
(Firm/Company)
P.O. Box 456
(Address)
Naples FL 34106
(City/state and zip code)
For further information concerning this matter, please call:
at (239, 287-7900)
(Name of contact person) (Area code & daytime telephone number)

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, 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 ofFLOICI V
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Taw 19WS Capital Services Corporation
2. The principal office address: 222 + Vavs 1740   SIVA + 1776
Naples FL 34104
3. The mailing address (if different): P.O. Box 456
Naples PL 34106
4. Date of incorporation/qualification: 1-07-05 Document number: 404000170 47
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Spread + Utres P.A.
1840 SW 22Nd St. 49H F100P
miami. Fl 33145
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Tod Tirkpamen 55 5
175 - 1 th 1 1 t
LAS WANGICIAN BIND TIMES
(P.O. Box NOT acceptable)
1/010HeS, FL 59104 50 € 0
The street address of its registered office and the street address of the business office of the president 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.
authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director)  Od VCKE(CMSW TOCSIOTEW  (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.
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 deen notified in writing of this change.
corporation has deen notified in writing of this change.
The Lynner Miss 29 2000
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
talus Capital Services Comporation
Transfer (Typed or Printed Name)

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