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## **COVER LETTER**

Division of Corporations
SUBJECT: FIVE POTAT LEADING THE (Name of corporation)
DOCUMENT NUMBER: <u>P050000 1/525</u>
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:
CHARLES DONTLITCK STALLOM RARDO (Name of contact person)
FIVE POINT LEUDING THE (Firm Company)
1385 5th Street (Address)
SARASOTA FLORINA 3423(Q (City/state and zip code)
For further information concerning this matter, please call:
Charles Dominick (Sipllom hardo at (941) 954-19(0) (Name of contact person) (Area code & daylime 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

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## 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, the 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.	1
1. The name of the corporation: FIVE POINT LENGTING INC.  2. The principal office address: 899 TEFFERY STREET UNIT 108  BOCH BRION Florida 33487  3. The mailing address (if different): SANE	
A. Date of incorporation/qualification: 124 bs Document number: PD 5 D D D D D D D D D D D D D D D D D	SECRETARY OF STATE OF APR 14 PH 2: 39
The street address of its registered office and the street address of the business office of its register 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.  Thereby 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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent. I incoment is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.  Change (Date)	red agent,

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

(Typed or Printed Name)