P05000049068

(Requesto	r's Name)
(Address)	
(Address)	
,	
(O:1-1/Ot-1-	/Zip/Phone #)
(City/State	/Zip/Priorie #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
·	
Certified Copies	Cartificator of Status
Certified Copies	Definitiones of Status
Special Instructions to Filing (Officer:





400059540744

09/16/05--01008--019 **35.00

SECRETAREX ELL STATE
ARECARIASSEE L'ECRIBA

ARECARIASSEE L'ECRIBA

TALLAHASSEE L'ECRIBA

9-25 Na Maa

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: HERLS AND WHERLS, JNC. (Name of corporation)	
DOCUMENT NUMBER: P Q50000 49 063	
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:	
(Name of contact person)	
(Name of contact person)	
[HZELS AND WHEELS, TUC. (Firm/Company)	
1624 SAU ROY DALVE (Address)	
·	
DUNZDIN PZ 34698 (City/state and zip code)	
For further information concerning this matter, please call:	
TAMES INCO at (813) 4/6 5655 (Name of contact person) (Area code & day time telephone number)	
(Name of contact person) (Area code & day time telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street 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 of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HEELS AND WHEELS, ZNC. 2. The principal office address: +309 North A B STREET, STE 210, TAMPA FL 33609
3. The mailing address (if different): 11 11
 4. Date of incorporation/qualification: 4/1/05 Document number: D \$\omega\$ \$\omega\$ \$\omega\$ \$\omega\$ 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Erik A. GILLESPIE
4119 W. FIGST.
TAMPA PL 33609
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1624 Sau Roy Drivz FFG F 600 PRO Box NOT acceptable)
(P.O. Box NOT acceptable)
DUNEON FZ 34698 3 8
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. (Signature of an officer of director) (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. (Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

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