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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

SUBJECT: COUCTAILS SE COLOA, /NC (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P05 0000 535 89
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)
13350 W. SR 50 Suite 350 (Firm/Company)
(Address)
WINTER GARDEN, FC 34787 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (321) 23/4696 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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